

Name
in
Full

Mari Ader

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Banton</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Month</small> <u>7</u> <small>Day</small> <u>19</u> <small>Age</small> <u>—</u> <small>Years</small> <u>8</u> <small>Months</small> <u>—</u> <small>Days</small>		Sex <u>Female</u> <small>Color or Race</small> <u>White</u> <small>Birth-place</small> <u>Balto Co.</u>		Occupation <u>—</u> <small>Where Residing if not at place of death</small> <u>3419 First Ave</u>	
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>Frank Ader</u>			
Father's Name <u>Frank Ader</u>		Father's Birthplace <u>Balto</u>			
Mother's Maiden Name <u>Amie Shortschneider</u>		Mother's Birthplace <u>" Co.</u>			
Name of person giving information <u>Frank Ader</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

105
How long

PHYSICIAN
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>2 days</u>
Immediate <u>Convulsion</u>	How long <u>2 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. J. Warner</u>
	Address <u>1120 Highland Ave</u>
Accident or Suicide? <u>—</u>	

¹ Sacred Heart Cemetery

Herning & Son

7/20/08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County			
Date of death		Month	Day	Years	Months	Days	
1908		July	7	Age	43		
Sex	Male	Color or Race	White	Birth-place	Unknown		
Occupation	Shoemaker			Where Residing if not at place of death	510 S. Gilmore St		
Married, Yes or Widowed	Name of Wife or Husband			Rosa Agh			
Father's Name	Unknown			Father's Birthplace	Hungary		
Mother's Maiden Name	Unknown			Mother's Birthplace	Hungary		
Name of person giving information	Toltan Agh			How related to deceased	Son		

CAUSES OF DEATH

101

PHYSICIAN
OR CORONER

Primary	Inanition, due to laceration of pharynx	How long	Unknown
Immediate	of pharynx	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		J. L. Corcoran 3326 E. Balto St	
Accident or Suicide?			

Permission is granted to remove
body to *901 Hollis St*

JAMES BOSLEY, M.D.

COMMISSIONER OF HEALTH

HCB
Per

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of George & Emma Alexander

Died at *Perryville* ^{Town}*Baltimore* ^{County}

MARYLAND

Date
of death *1908*Month
*7*Day
*7*Age
Years *—*Months
*—*Days
*—*Sex
*male*Color or
Race *white*Birth-
place *Md.*Occupation
*—*Where Residing if not
at place of death *—*Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's
Name *George Alexander*Father's
Birthplace *Md*Mother's
Maiden Name *Emma Roberts*Mother's
Birthplace *Md*Name of person giving
information *Mrs Fisher*How related
to deceased *none*

CAUSES OF DEATH

Primary

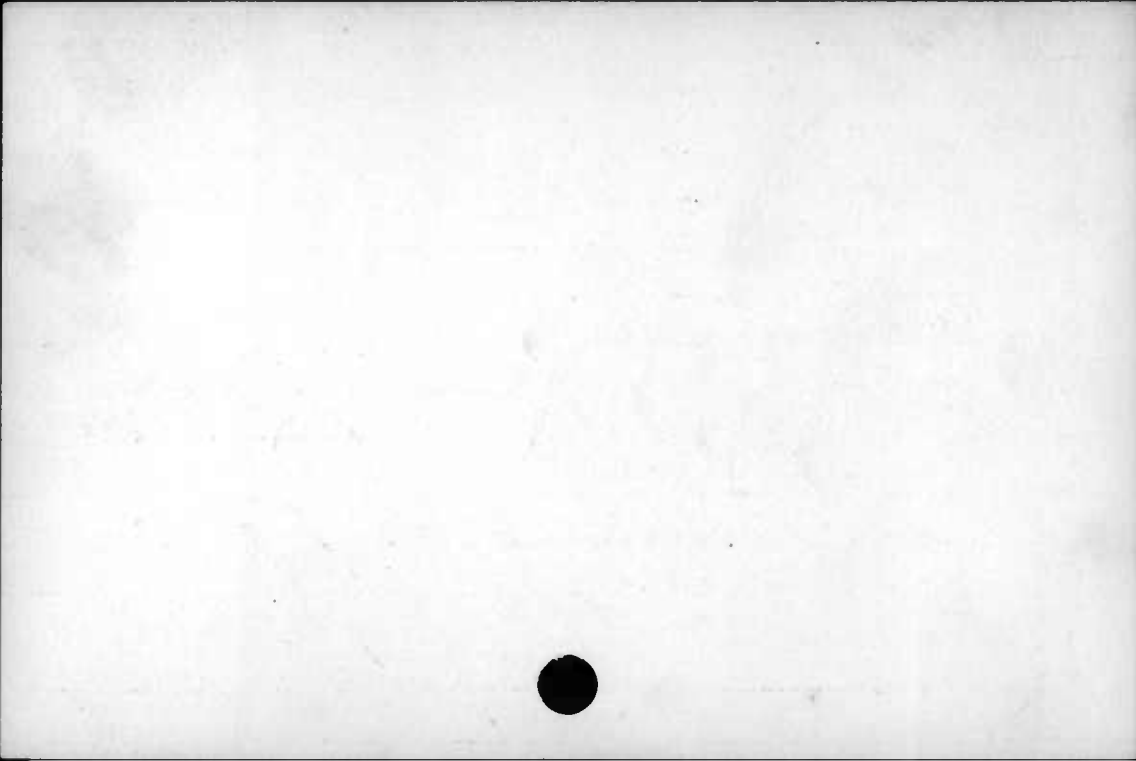
Still Premature Birth

How long

6 wks —

Immediate

Are the name, age, sex, color, date
and place correctly given above? *—*Signature of
Physician *Henry C. Naylon*Address
*Piknock*Accident or Suicide? *—*



Name
in
Full

Regina J. Amoss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Lansdowne		Baltimore					
Date of death	1908	Month	July	Day	22	Age	Years → Months 5 Days X
Sex	female	Color or Race	white	Birth-place	Baltimore		
Occupation	Infant		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name				William Amoss			
Mother's Maiden Name				Camilla Power			
Name of person giving information				Camilla Amoss.			
Father's Birthplace				Hartford G. Ind.			
Mother's Birthplace				Baltimore			
How related to deceased				Mother			

PHYSICIAN
OR CORONER

CAUSES OF DEATH

179

Primary	Immunition		How long	4 months
Immediate	Ethanston		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Frank H. Ruhl	
			Address	
			Lansdowne Balt G. Ind	
Accident or Suicide?				

Nicholas Frink
St Peters Cemetery -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

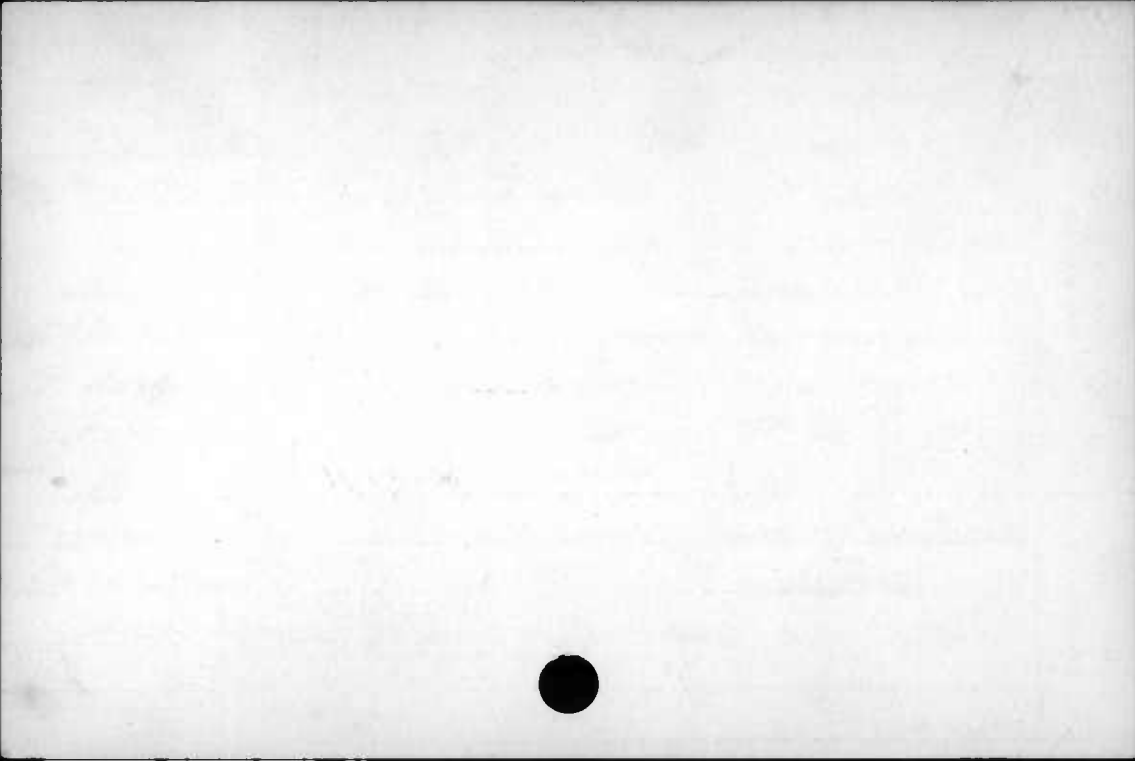
Name <i>Joseph Archibald</i>		Town <i>Bolington</i>		County <i>Baltimore</i>		MARYLAND									
Died at <i>Bolington</i>		Date of death <i>1908</i>		Month <i>July</i>		Day <i>2</i>		Age <i>37</i>		Years <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Maryland</i>											
Occupation <i>Electric light linen man</i>		Where Residing if not at place of death <i>Baltimore County Barn Hills, Mt. Washington</i>													
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>													
Father's Name <i>John Archibald</i>		Father's Birthplace <i>Scotland</i>													
Mother's Maiden Name <i>Indiana Archibald</i>		Mother's Birthplace <i>Maryland</i>													
Name of person giving In formation <i>Jm Archibald</i>		How related to deceased <i>Brother</i>													

CAUSES OF DEATH

171

PHYSICIAN
OR CORONER

Primary <i>contact with electric wires</i>	How long <i>immediate</i>
Immediate <i>Electric current into body</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Holliday Emish</i>
	Address <i>Bolington, Md.</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

Abraham Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

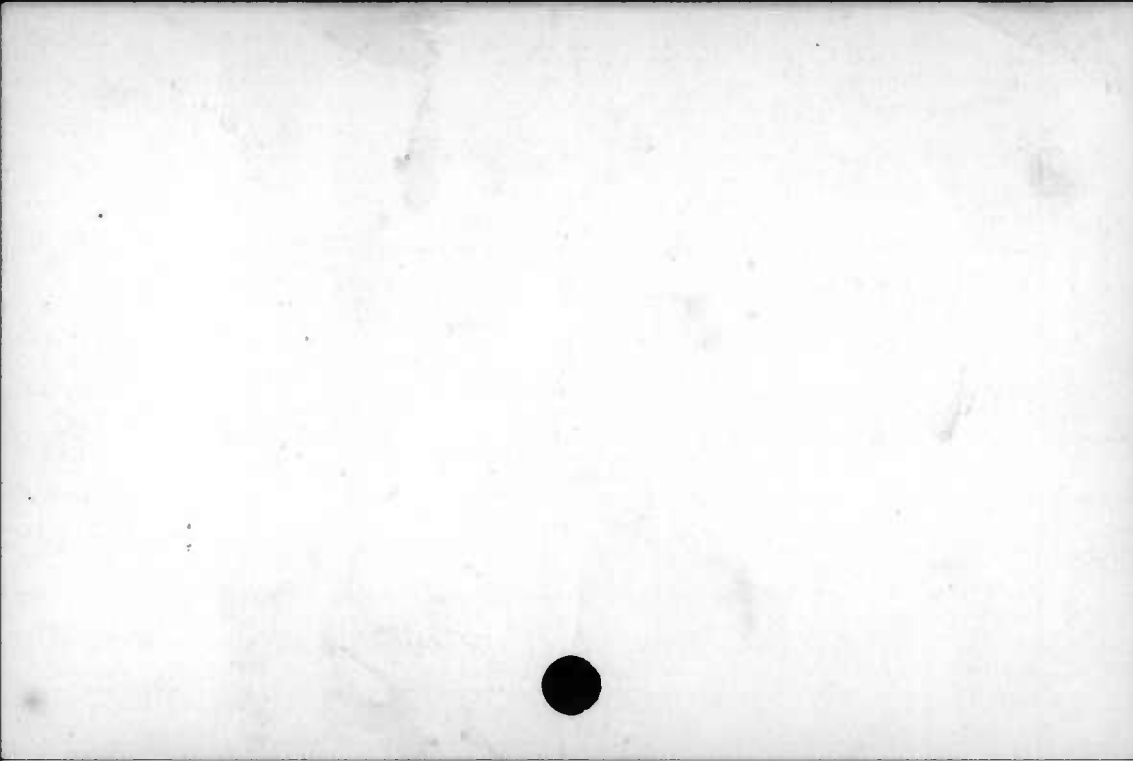
Died at <i>Eds</i>		Town		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>26</i>	Age <i>83</i>	Years	Months <i>10</i>	Days <i>15</i>
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>6th dist Baltimore</i>			
Occupation <i>Carpenter & Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Frances A. Timbrough</i>					
Father's Name <i>Henry Baker</i>				Father's Birthplace <i>6th dist Baltimore</i>			
Mother's Maiden Name <i>Fancy Masmore</i>				Mother's Birthplace <i>6th dist Baltimore</i>			
Name of person giving information <i>B. H. Bull</i>				How related to deceased <i>Friend</i>			

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary <i>Osteo-sarcoma of bones of forearm</i>	How long <i>Two years</i>
Immediate <i>Atrophia</i>	How long <i>Three weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. M. Lyke M.D.</i>
	Address <i>Charmston</i>
Accident or Suicide?	<i>MR 6</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

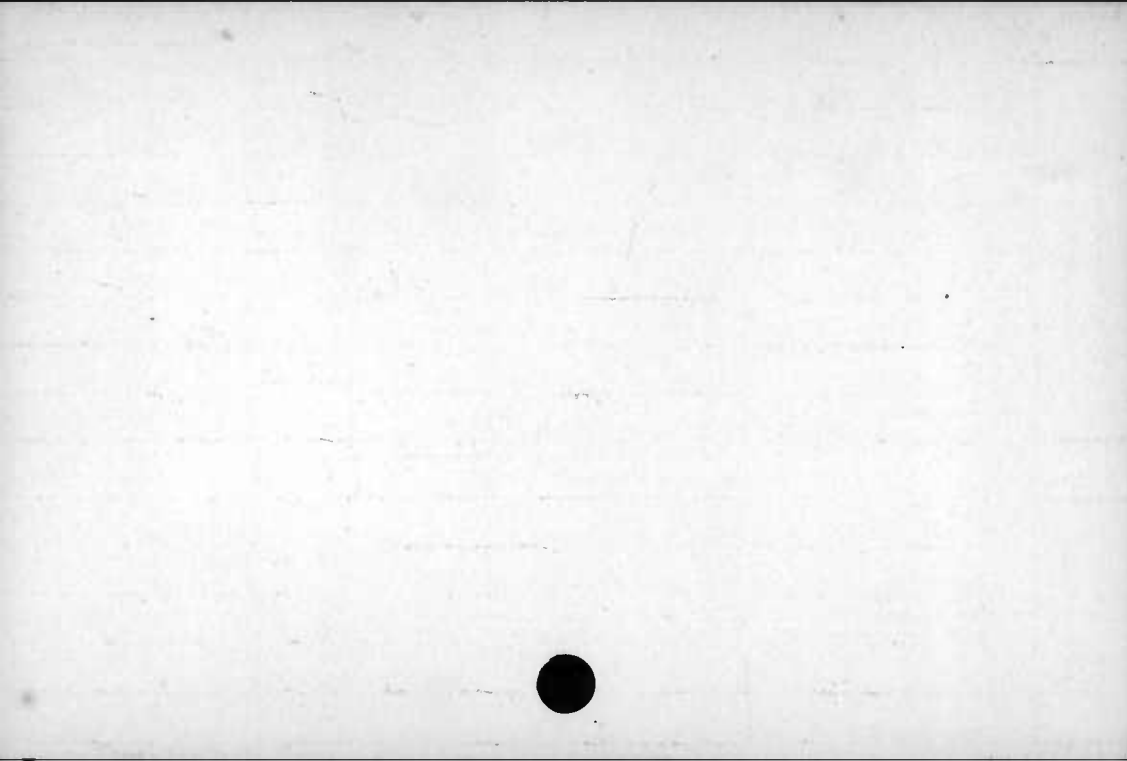
Name in Full <i>John F. Baker</i>		Town <i>Mt Hope Remus</i>		County <i>Balto-</i>		MARYLAND	
Died at <i>Mt Hope Remus</i>		Month <i>July</i>		Day <i>12</i>		Years <i>70</i>	
Date of death <i>1908</i>		Month <i>July</i>		Day <i>12</i>		Years <i>70</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto Md -</i>			
Occupation <i>Engineer</i>		Where Residing if not at place of death <i>Baltimore Md -</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>not known</i>					
Father's Name <i>not known</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Reeds Mt Hope Remus</i>		How related to deceased <i>not at all</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>mania senile</i>		How long <i>4 mrs</i>	
Immediate <i>Ex Cerebral Apoplexy</i>		How long <i>4 days -</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank J. Flannery</i>	
		Address <i>Mt Hope Remus P Baltimore Md -</i>	
Accident or Suicide? <i>—</i>			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

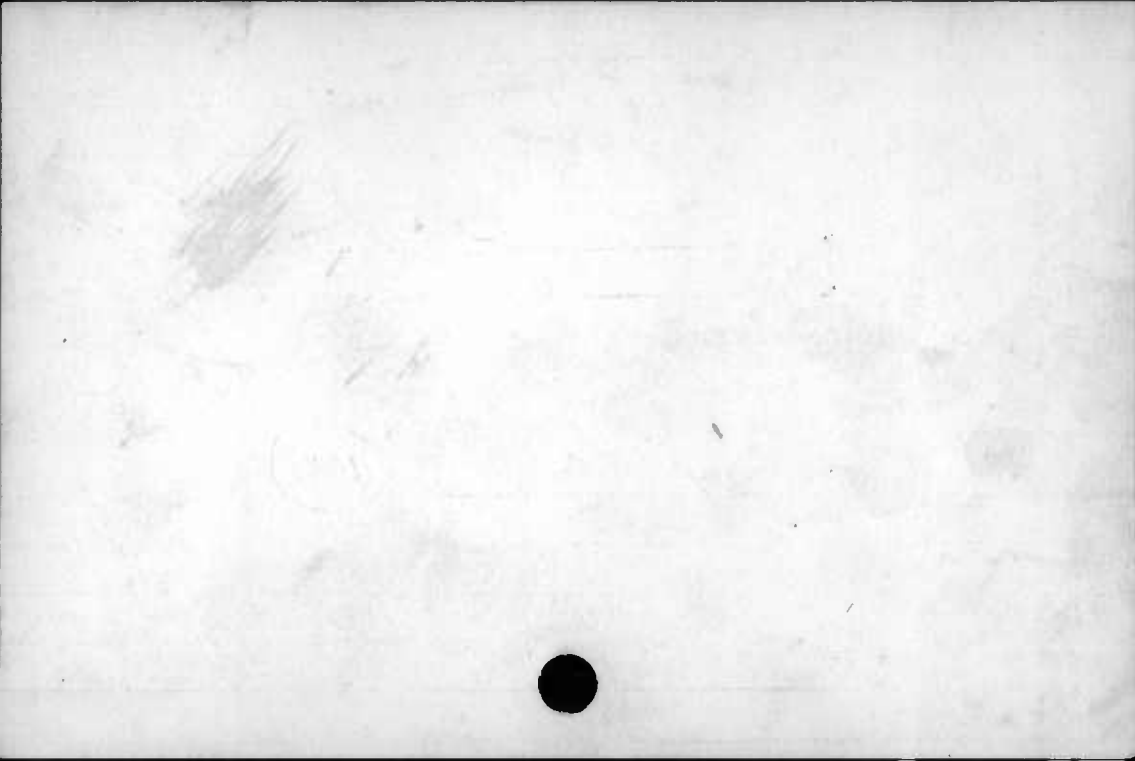
CERTIFICATE OF DEATH

Died at <i>Sparrows Point</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>July</i>	Day	<i>26</i>
Age	<i>8</i>		Years	<i>8</i>	
Sex	<i>Male</i>		Color or Race	<i>white</i>	
Birth-place	<i>Sparrows Point</i>				
Occupation			Where Residing if not at place of death <i>Sparrows Point</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<i>Benjamin M Baldwin</i>			Father's Birthplace	<i> Md </i>
Mother's Maiden Name	<i>Mary Hopkins</i>			Mother's Birthplace	<i> Md </i>
Name of person giving information	<i>Benj. M. Baldwin</i>			How related to deceased	<i> father </i>

CAUSES OF DEATH

105

Primary	<i>Gastro Enteritis</i>	How long	<i>1 week</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. J. McCormick MD</i>
		Address	<i>Sparrows Point, Md.</i>
Accident or Suicide?	<i>no</i>		



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

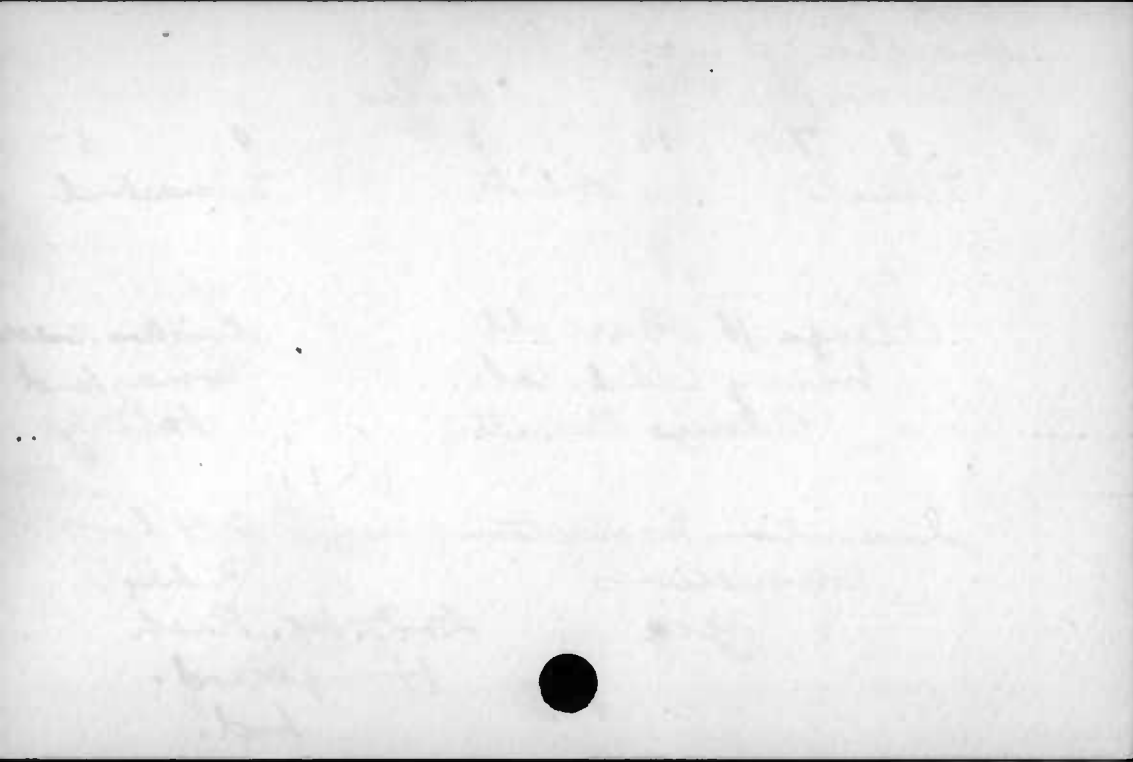
Died at		Tewn		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		July	24	67			
Sex	Female	Color or Race	White	Birth-place	Maryland.		
Occupation	None			Where Residing if not at place of death	X		
Married, Single or Widowed	widow		Name of Wife or Husband	Grafton J. Bandel			
Father's Name	Unknown			Father's Birthplace	Unk		
Mother's Maiden Name	Unknown			Mother's Birthplace	Unk		
Name of person giving information	Hospital Records			How related to deceased			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Dementia	How long	25 yrs.
Immediate	Pulmonary Tuberculosis	How long	4 yrs.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Gray Wade
		Address	Leatonsville, Ind
Accident or Suicide?	No.		1 st District



Name
in
Full

Martha Edmonds Barnett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

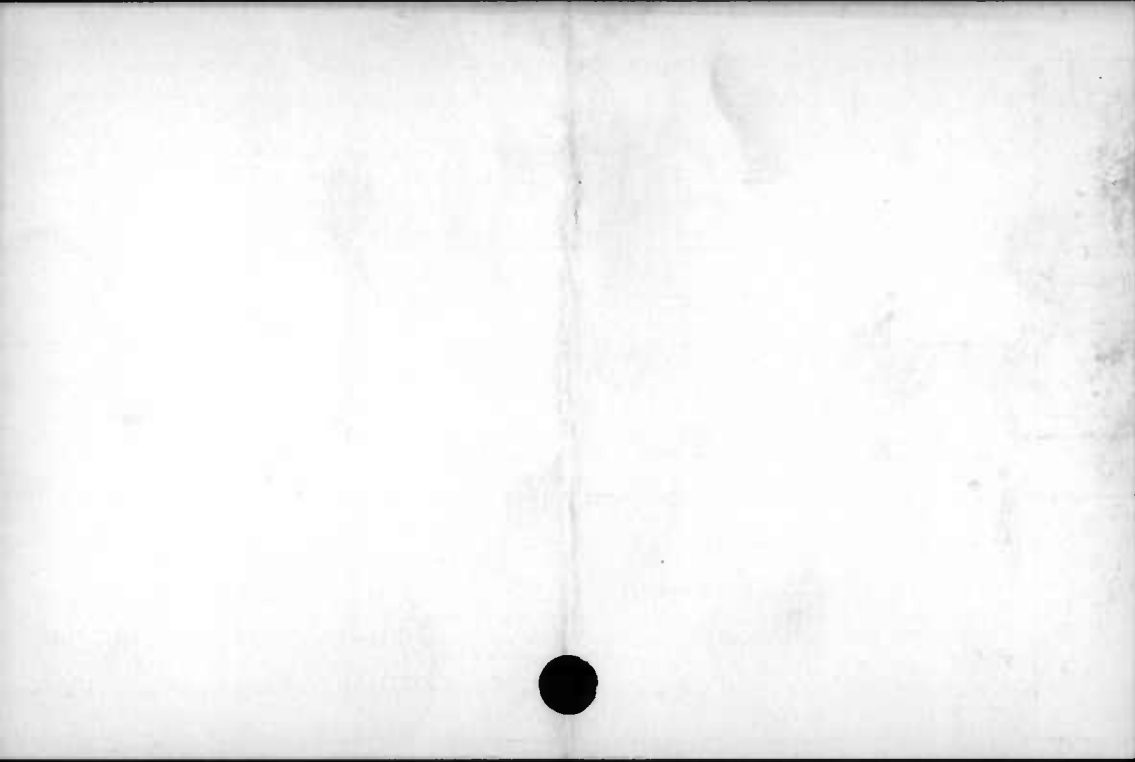
Died at <u>Evna</u> Town		County <u>Balto</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>7</u>	Day <u>19</u>	Age <u>8</u> Years	Months <u>0</u>	Days <u>5</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Evna Ind</u>	
Occupation <u>---</u>			Where Residing if not at place of death <u>---</u>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Alonga H Barnett</u>			Father's Birthplace <u>Evna Ind</u>		
Mother's Maiden Name <u>Mary Ethel Cole</u>			Mother's Birthplace <u>Evna Ind</u>		
Name of person giving information <u>Alonga Barnett</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<u>Inanition Neonatorum</u>	How long	<u>24 hrs</u>
Immediata	<u>Convulsions</u>	How long	<u>2 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Dr. D. W. Bush</u>	
		Address <u>Hampstead Ind.</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Clarence A. Baugher

Town

County

Died at

Reisterstown (17)

Balt.

MARYLAND

Date

of death 1908

Month

July

Day

17

Years

Age

29

Month

Days

Sex

Male

Color or
Race

White

Birth-
place

Balt. Md.

Occupation

Student

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James P. Baugher

Father's
Birthplace

Md.

Mother's
Maiden Name

Emma V. Durr

Mother's
Birthplace

Va.

Name of person giving
Information

Mrs. Emma V. Baugher

How related
to deceased

Mother

CAUSES OF DEATH

27

Primary

Phthisis Pulmonalis

How long

3 yrs

Immediate

Exhaustion debilit

How long

one week

Are the name, age, sex, color, data
and place correctly given above?

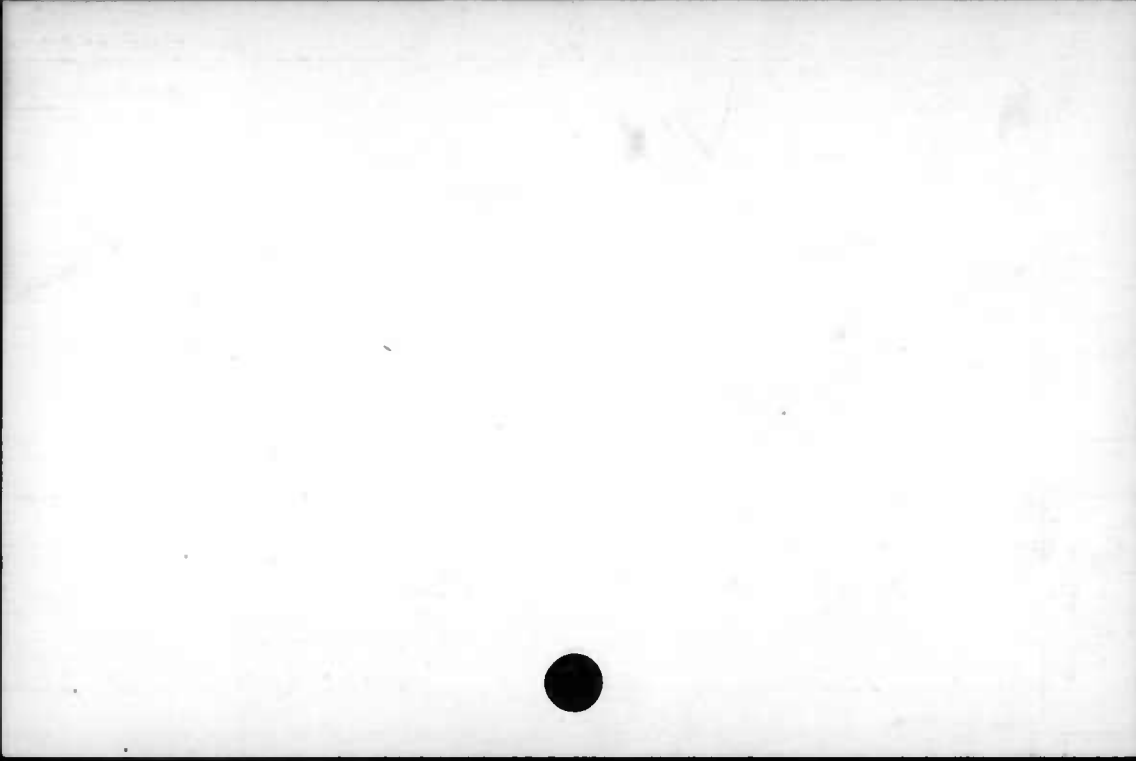
Yes

Signature of
Physician

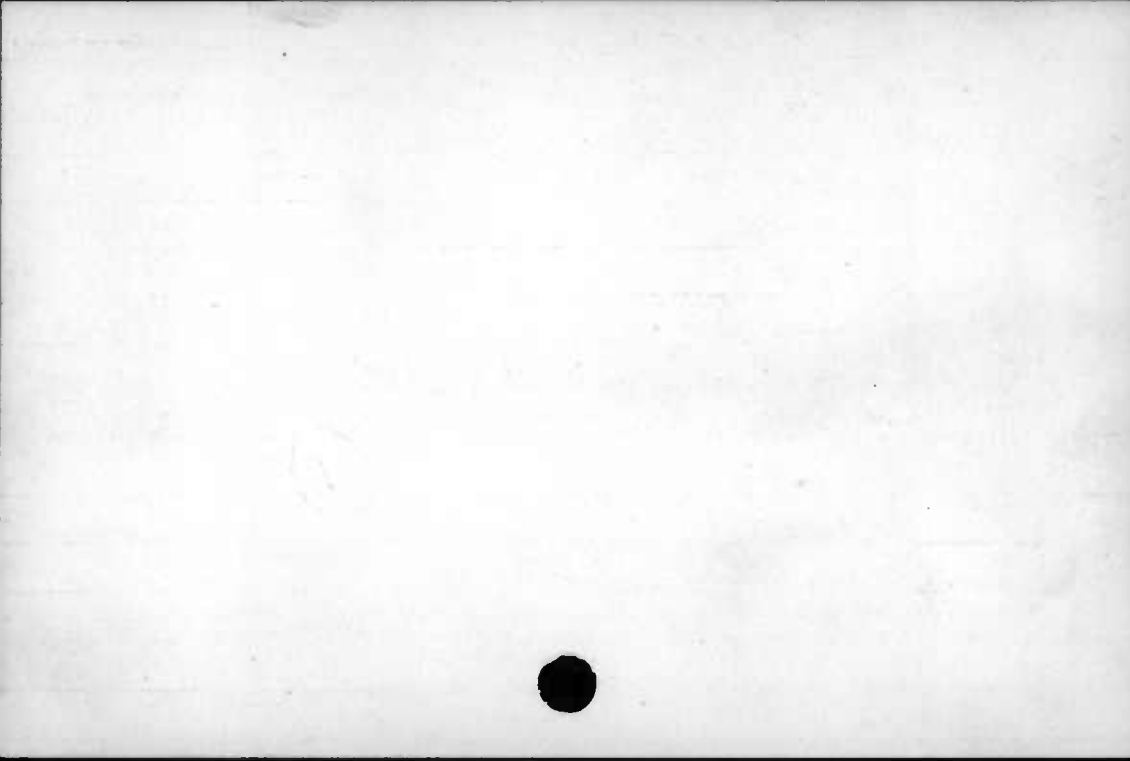
Address

James Gore M.D.
Reisterstown Md.
4th DistrictPHYSICIAN
OR CORONER

Accident or Suicide



Name in Full		Certificate of Death			
William Gordon Blackford		Town Pikesville		County Baltimore	
Died at		Maryland			
Date of death		1908	Month July	Day 6th	Age 33
		Months 11		Days 8	
Sex Male		Color or Race White		Birth-place Maryland	
Occupation Stock Broker		Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Eugene Blackford		Father's Birthplace Hidamberg pr			
Mother's Maiden Name Rebecca Chapman Blackford		Mother's Birthplace Baltimore			
Name of person giving information Eugene Blackford		How related to deceased Brother			
CAUSES OF DEATH					
Primary Typhoid fever		How long 7 weeks			
Immediate Intestinal Hemorrhage		How long Immediate			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. Louis Naylor			
		Address Pikesville Md			
Accident or Suicide?					



Name
in
Full

Ida Agness Bloom

CERTIFICATE OF DEATH

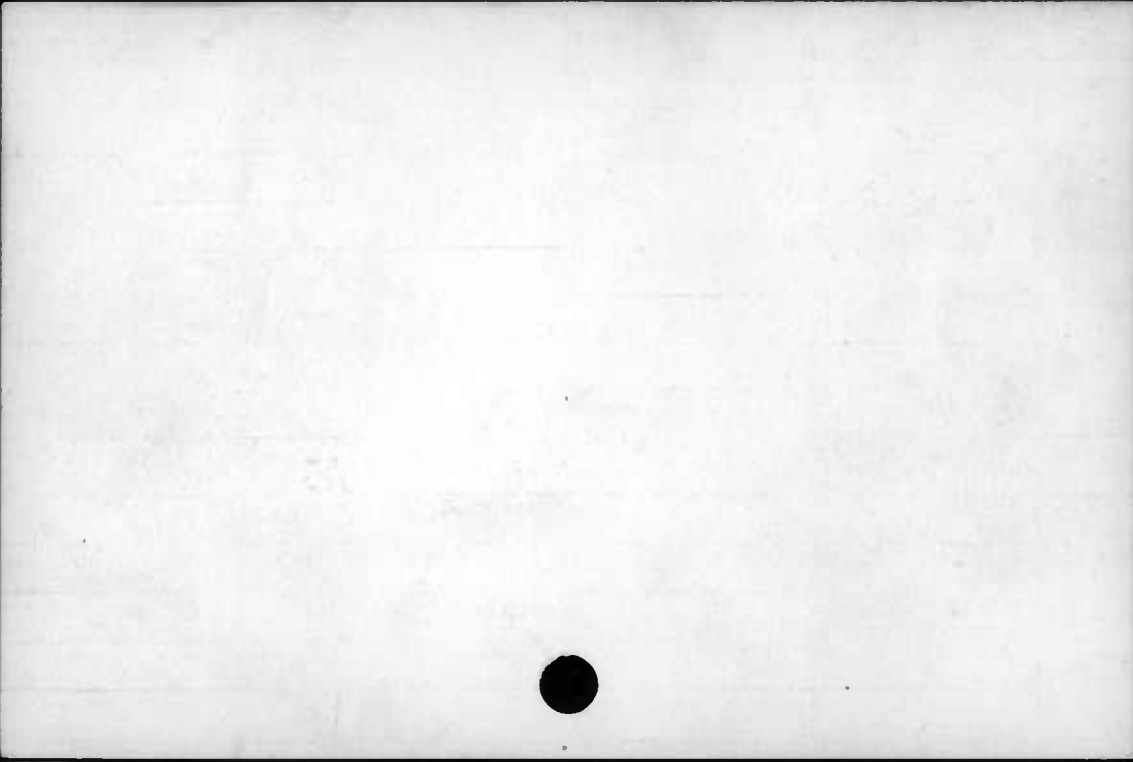
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Ellicott City		^{County} Baltimore		MARYLAND	
Date of death	1908	Month	July	Day	18
Sex	Female	Age	Years	Months	11
Color or Race	White	Birth-place	Maryland		
Occupation	none	Where Residing if not at place of death	-----		
Married, Single or Widowed	Single	Name of Wife or Husband	none		
Father's Name	Samuel E. Bloom	Father's Birthplace	Maryland		
Mother's Marden Name	Ida V. Lamley.	Mother's Birthplace	Maryland		
Name of person giving In formation	Ida V. Bloom	How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	4 days
Immediate	Asthenia	How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Marshall B. West,
		Address	Catonville, Md.
Accident or Suicide?			



Name
in
Full

Flora Blumka

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Canton</i>		County <i>Balto</i>		STATE <i>MARYLAND</i>	
Date of death	1908	Month	<i>July</i>	Day	<i>15</i>	Years	<i>11</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>		Birth-place	<i>Balto</i>	
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>August Blumka</i>				Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Friedericka Markwill</i>				Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>August Blumka</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Gastro Enteritis</i>	How long	<i>Twenty</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. N. Huey</i>	
<i>Yes</i>		Address <i>3200 Hickman St</i>	
Accident or Suicide?			

1st Evangelical Cemetery
July 16th 1908

W. SANDER & SONS,
1708-1710 Canton Avenue,
S. E. Cor. Broadway & Baltimore St.

Name
in
Full

Sigmund Bokas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

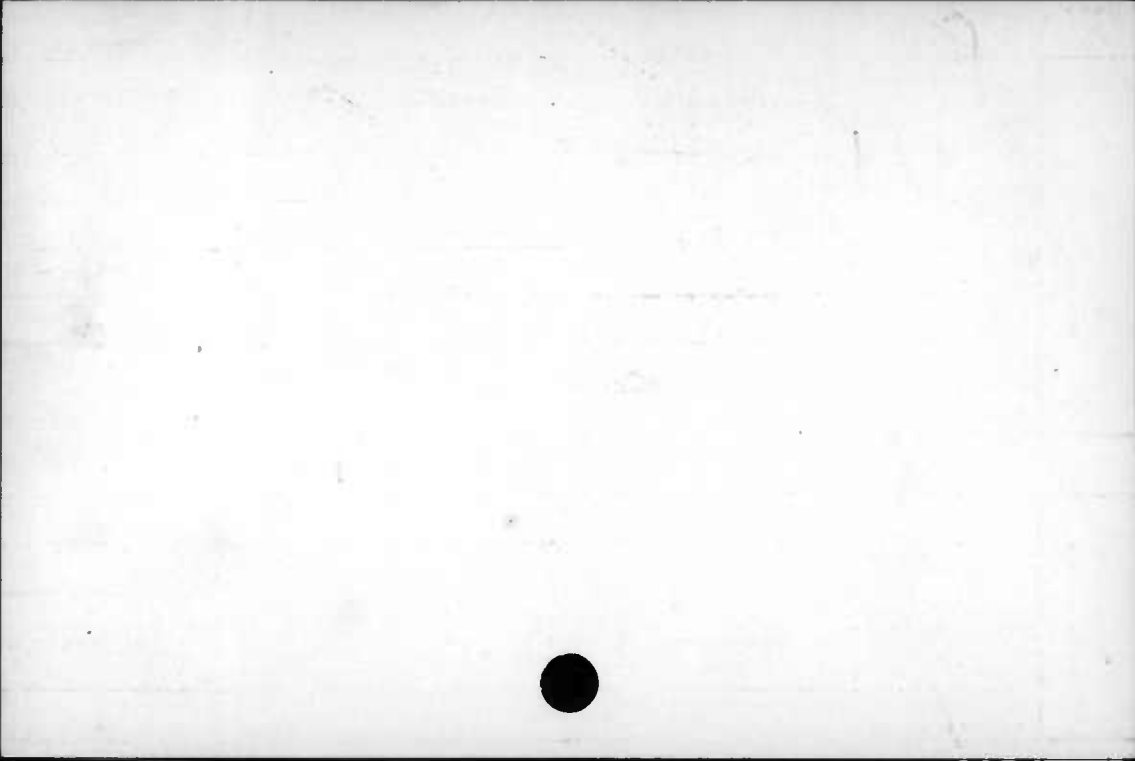
Died at		Town Morton		County Baltimore		MARYLAND	
Date of death	1908	Month July	Day 10	Age	Years —	Months 10	Days —
Sex	male		Color or Race	White		Birth-place	Baltimore
Occupation	Dryfont			Where Residing if not at place of death		Baltimore	
Married, Single or Widowed	Single		Name of Wife or Husband —				
Father's Name	Frank Bokas					Father's Birthplace	Unknown
Mother's Maiden Name	Unknown					Mother's Birthplace	—
Name of person giving information						How related to deceased	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Also Colitis -		How long	15 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Smith Jr. M.D.		
		Address 221 W. 1st St. Md.		
Accident or Suicide?				



Name
in
Full

John Bracco

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

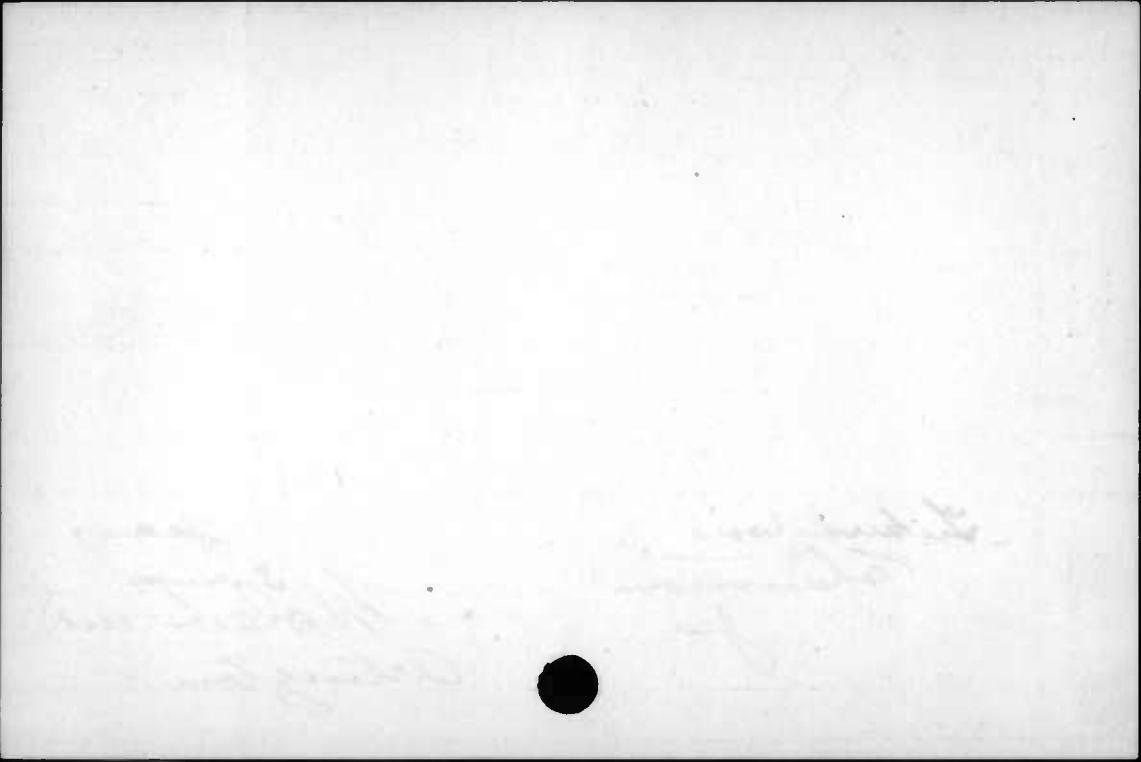
Died at		Town Mt Wilsen		County Baltimore		MARYLAND	
Date of death		190	Month 8 July	Day 27	Age Years 27	Months 3	Days —
Sex Male		Color or Race White		Birth- place Baltimore			
Occupation Mfg				Where Residing if not at place of death Baltimore			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Nicholas Bracco				Father's Birthplace Unknown			
Mother's Maiden Name Unknown				Mother's Birthplace —			
Name of person giving In formation				How related to deceased —			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary Malnutrition		How long 1 mo.
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. Bracco M.D.
		Address Mt Wilsen, Md.
Accident or Suicide?		



Name
in
Full

Edward M. Bowen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arlington</i>		Town <i>Balto.</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>6th</i>	Age	<i>58</i>	Years	Months <i>4</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>N. Y.</i>
Occupation	<i>Clerk</i>			Where Residing if not at place of death <i>None other</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Annie E. Bowen</i>				
Father's Name	<i>William Bowen</i>				Father's Birthplace	<i>Nova Scotia</i>	
Mother's Maiden Name	<i>Ellen Slattery</i>				Mother's Birthplace	<i>Ireland</i>	
Name of person giving information	<i>Wm T. Bowen</i>				How related to deceased	<i>Brother</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>1 year.</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W. H. Leonard</i>
		Address	<i>Arlington</i>
Accident or Suicide?			

Lilly and Zeiler
Undertakers
Lorraine Cemetery

JUL 9 - 1908

In Full

May Wilson-Bradley

CERTIFICATE OF DEATH

Died at ^{Town} Patapsco		^{County} Balto		MARYLAND	
Date of death	1908	Month	7	Day	26
Sex	Female	Color or Race	white	Years	26
Occupation	Not known	Birth-place	Not known	Months	
Where Residing if not at place of death	Not known				
Married, Single or Widowed	Unknown	Name of Wife or Husband	Unknown		
Father's Name	Unknown			Father's Birthplace	Unknown
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown
Name of person giving information	George Reed			How related to deceased	Nephew

CAUSES OF DEATH

179

Primary	Unknown	How long	
Immediate	Unknown	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>August W. Miller, Coroner</u> Address <u>Mr. Winans</u> <u>Balto Co. Md</u>		
Accident or <u>Suicide</u> ?	yes		

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

W.

Frank
St Peters Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Mrs. Florine Josephine Brinques.*Died at *near Catonsville* Town*Baltimore* County

MARYLAND

Date

of death *1908*

Month

July

Day

12

Age

Years

86

Months

5

Days

27

Sex

*Female*Color or
Race*White*Birth-
place*N.Y. City.*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Widow*Name of
Husband*Joseph M. Brinques*Father's
Name*Capt. John O'Donnane*Father's
Birthplace*Brittany*Mother's
Maiden Name*Elizabeth Charleston Ruffin*Mother's
Birthplace*Paris, France*Name of person giving
In formation*Mrs. J. H. Fudrik*How related
to deceased*Daughter*

CAUSES OF DEATH

154

Primary

Severe Ability. Heart apoplexy

How long

Immediate

Coma

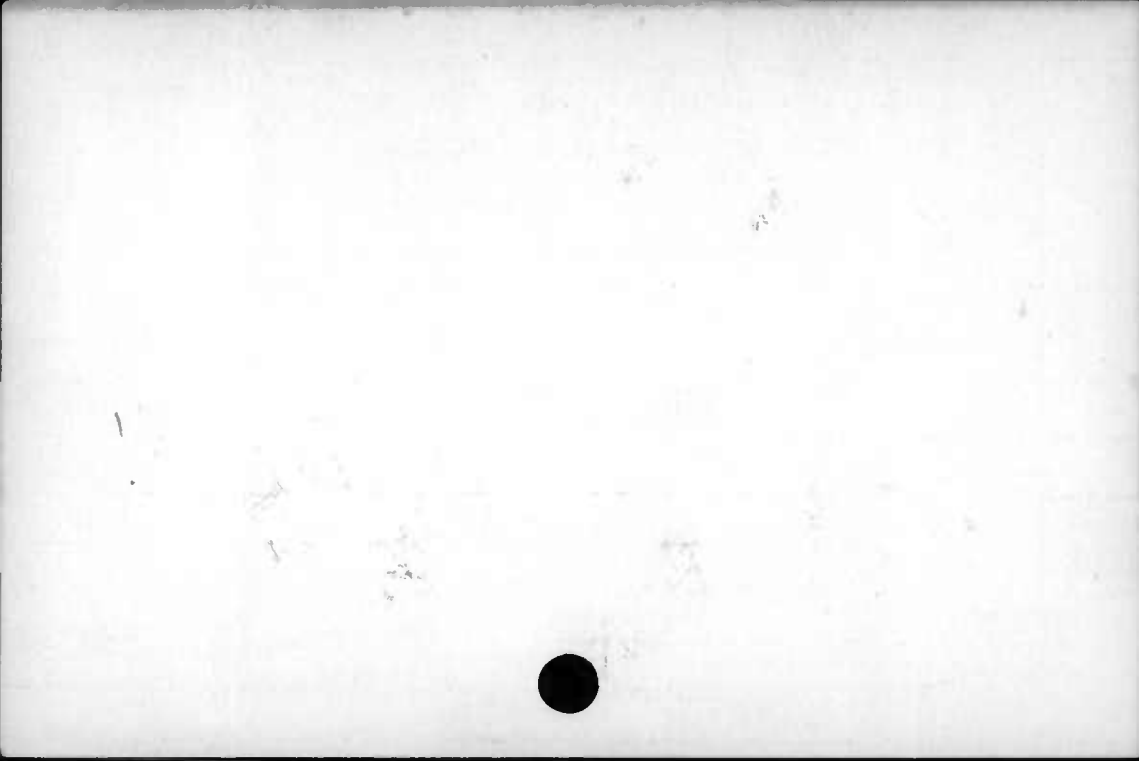
How long

*11 Days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*Charles W. Monmouth
Duckeyville, Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Violetville</i> ^{Town}		<i>Balls</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>4</i>	Age <i>7</i>	Months <i>7</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>City</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Charles Beale</i>		Father's Birthplace <i>Any land</i>			
Mother's Maiden Name <i>Mary Schropfer</i>		Mother's Birthplace <i>City</i>			
Name of person giving information		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Gastro Enteric Intoxication</i>	How long	<i>2 days</i>
Immediate	<i>Toxemia</i>	How long	<i>2 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Howard W. Jones M.D.</i>	
		Address <i>Springfield</i>	
Accident or Suicide? <i>No</i>			

Mr James
Frederick
Coleman

James
Frederick
Coleman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

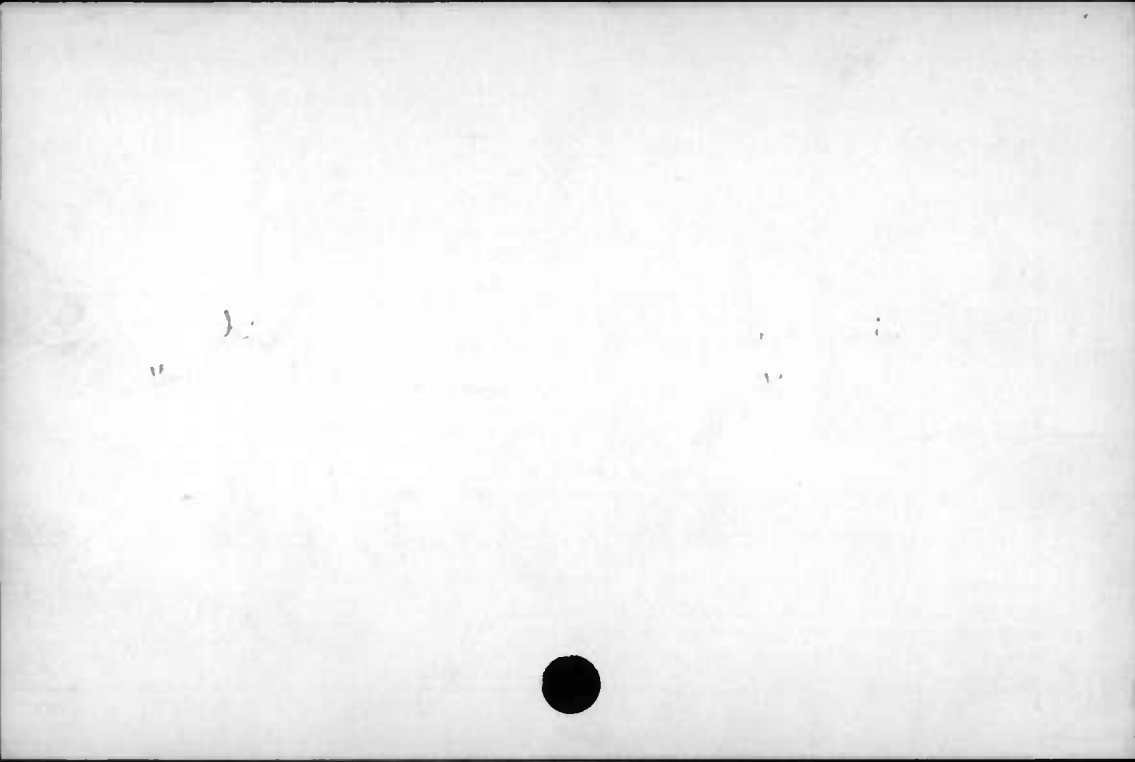
Name in Full Pearl G. Brooks		Town Pikesville		County Balto		State MARYLAND	
Died at		Date of death 1905		Age 11		Months 11	
Sex Female		Color or Race White		Birth place Balto Co Md		Days	
Occupation None		Where Residing if not at place of death Pikesville Md		Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name William L. Brooks		Mother's Maiden Name Mary K. Criswell		Father's Birthplace Balto Co Md		Mother's Birthplace Carroll Co Md	
Name of person giving information William Brooks		How related to deceased Father					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	24 hours
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. E. M.	
Address Pikesville Md.			
Accident or Suicide?			



Name
in
Full

Gladys Brown

CERTIFICATE OF DEATH

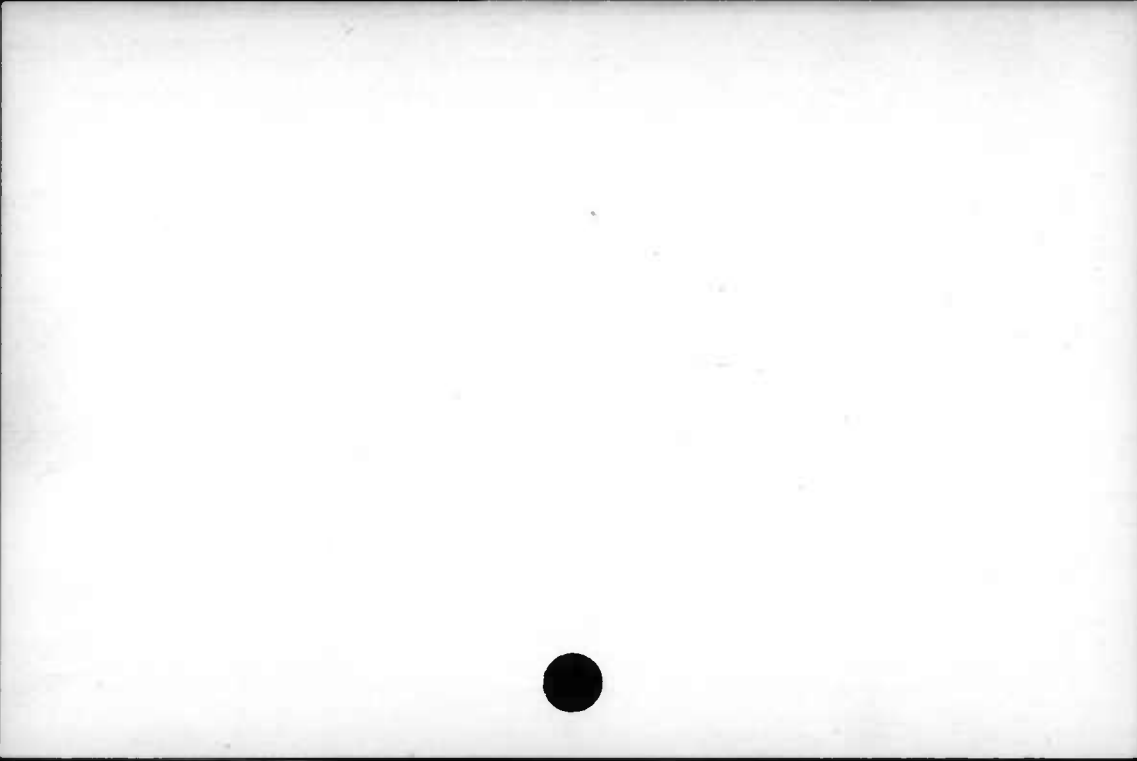
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town TNTWden		County Baltimore		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		July	24		—	5	—
Sex		Color or Race		Birth-place			
female		White		Baltimore			
Occupation		Where Residing if not at place of death					
In front		Baltimore					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Unknown		Unknown					
Mother's Maiden Name		Mother's Birthplace					
—		"					
Name of person giving Information		How related to deceased					
		105					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malnutrition	How long	2 mo
Immediate	Deep purpura skin lesion	How long	1 mo
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. H. K. H. M. D.	
		Address	
		TNTWden	
		md.	
Accident or Suicide			



Name
in
Full

Lilly Brown.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

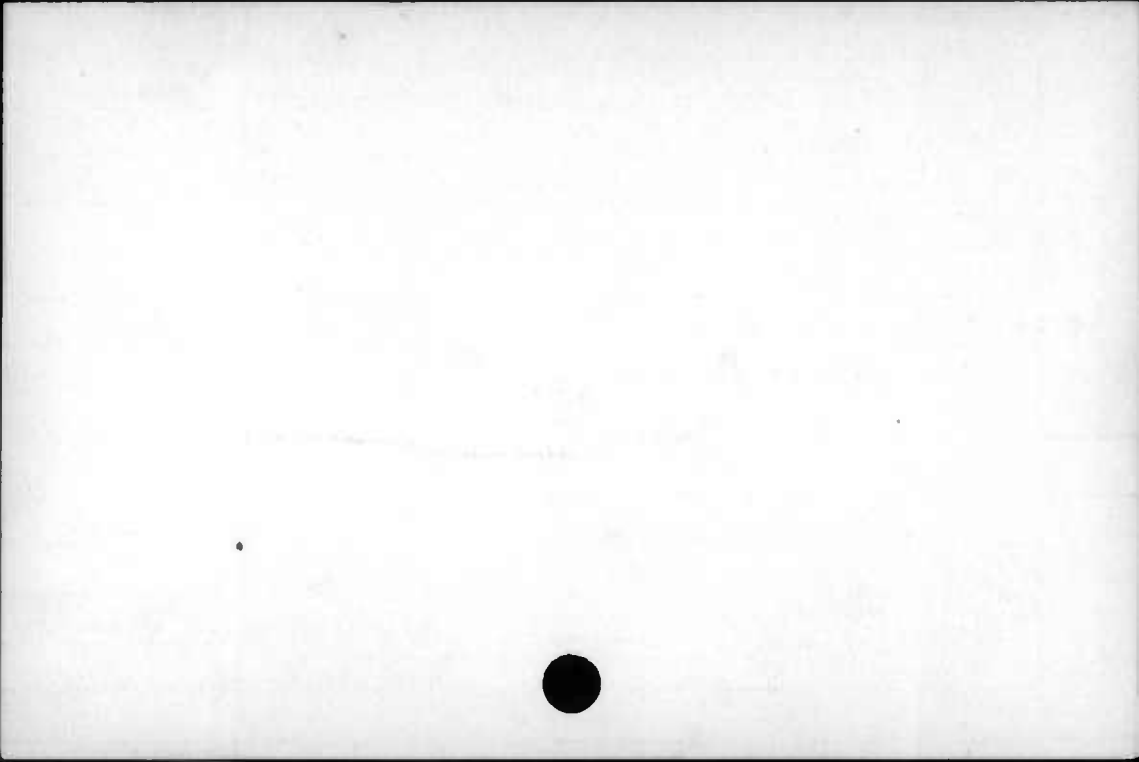
Died at		Town <i>Catonville</i>		County <i>Balto.</i>		MARYLAND	
Date of death	1908	Month <i>July</i>	Day <i>5</i>	Age —	Years —	Months <i>8</i>	Days —
Sex <i>female</i>	Color or Race <i>Colored</i>		Birth- place <i>Catonville</i>				
Occupation —	Where Residing if not at place of death <i>Catonville</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>						
Father's Name <i>Charles Brown</i>	Father's Birthplace <i>Howard Co</i>						
Mother's Maiden Name <i>Sarah Robinson</i>	Mother's Birthplace <i>" "</i>						
Name of person giving In formation <i>Chas Brown,</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

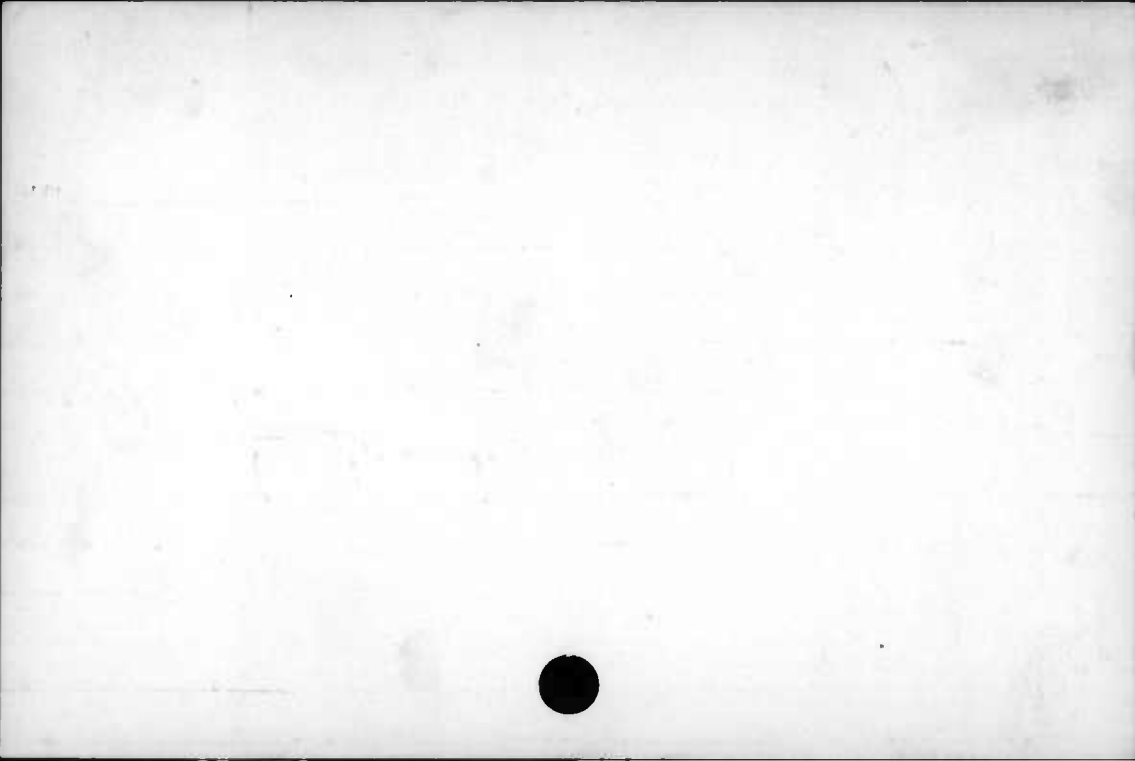
105

PHYSICIAN
OR CORONER

Primary	<i>Glio colitis</i>	How long	<i>2 weeks</i>
Immediate	<i>asthenia</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Marshall B. West.</i>
		Address	<i>Catonville,</i>
			<i>Md.</i>
Accident or Suicide?			



Name in Full Frank Brumble		CERTIFICATE OF DEATH	
Died at Mt Wilson		County Baltimore	
Date of death 1908 July 9		Age Years 8 Months 8 Days	
Sex male		Color or Race White	
Occupation In park.		Birth-place Baltimore	
Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name Ralph W Brumble		Father's Birthplace Baltimore	
Mother's Maiden Name Margaret Murphy		Mother's Birthplace Reckman, Va	
Name of person giving information		How related to deceased -	
CAUSES OF DEATH			
Primary This colic		How long 14 days.	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John H. Jones M.D.	
		Address Mt Wilson Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

not being available with

Died at <i>Buckingham</i> ^{Town} <i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>July</i> ^{Month}	<i>25</i> ^{Day}	Age <i>37</i> ^{Years} <i>0</i> ^{Months} <i>0</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>	
Occupation <i>None</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>James Hollis Buchanan</i>	Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Henrietta Gettins</i>	Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>James Hollis Buchanan</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemiplegia</i>	How long <i>about 3 years</i>
Immediate <i>Cerebral embolus</i>	How long <i>about 20 min</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>William J. Ford</i>
	Address <i>Washington Md</i>
Accident or Suicide?	

Henry W. Jenkins & Sons Co

Place of burial Greenmount
Cem

Name
in
Full

Mary Buckinie

CERTIFICATE OF DEATH

Died at ^{Town} Spanish Point ^{County} Baltimore

MARYLAND

Date of death 1905 ^{Month} July ^{Day} 2 ^{Age} ^{Years} ^{Months} 6 ^{Days} 1

Sex Female Color or Race White Birth-place Spanish Point

Occupation None Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name John Buckinie Father's Birthplace Austria

Mother's Maiden Name Rosa Nordreck Mother's Birthplace Austria

Name of person giving information Comd Buckinie How related to deceased Sister

CAUSES OF DEATH

105

Primary Eustachian Catarrh How long 21 days

Immediate Expiration How long 24 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

F. C. Eldred M.D.
Spanish Point
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

Patrick Burke

CERTIFICATE OF DEATH

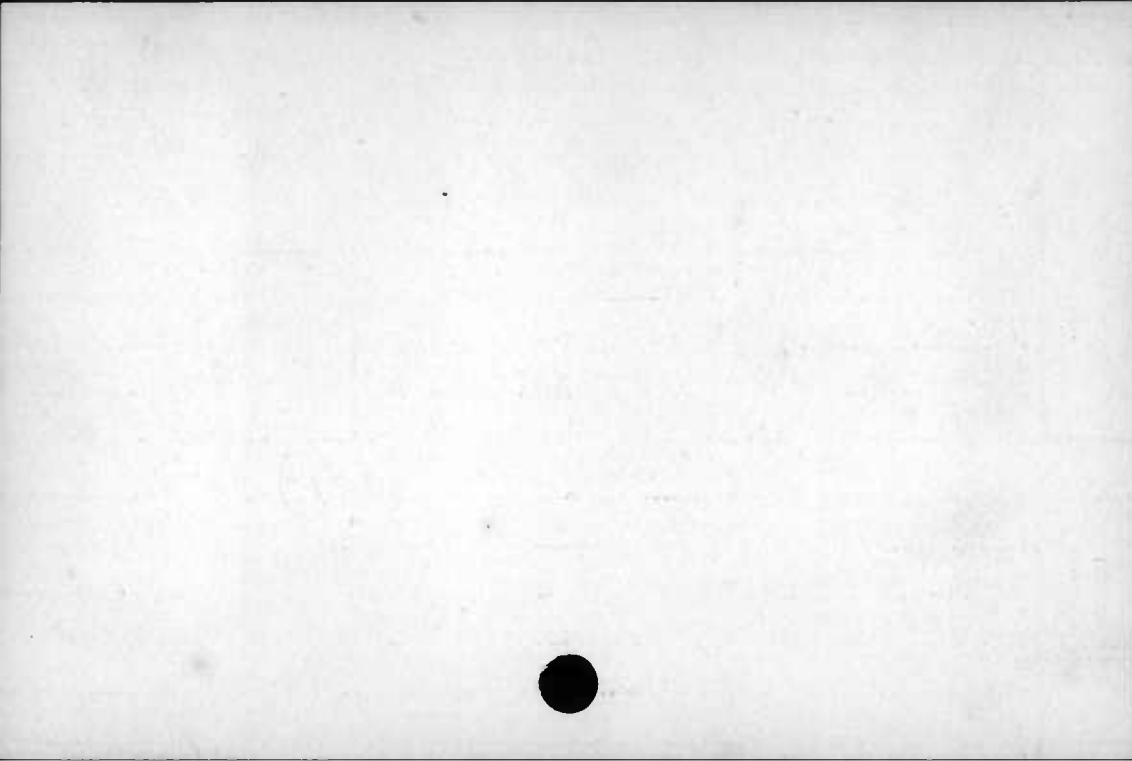
Died at <i>White Hope Retreat</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>24</i>	Years <i>69</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>			
Occupation <i>Watchman</i>	Where Residing if not at place of death <i>Rowlesburg W. Va</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>not known</i>				
Father's Name <i>not known</i>	Father's Birthplace <i>not known</i>				
Mother's Maiden Name <i>" "</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Reeds White Hope Retreat</i>	How related to deceased <i>not at all</i>				

CAUSES OF DEATH

154

Primary <i>Senile Melancholia</i>	How long <i>over 4 yrs -</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>White Hope Retreat</i>
	<i>White Hope Md.</i>
Accident or Suicide? <i>—</i>	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Richard Oscar Burton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Govanston* ^{County} *Balto* **MARYLAND**

Date of death 1908 ^{Month} *July* ^{Day} *8th* Age ^{Years} *0* ^{Months} *2* ^{Days} *18*

Sex *male* Color or Race *white* Birth-place *Govanston*

Occupation *Infant* Where Residing if not at place of death

Married, Single or Widowed *Infant* Name of Wife or Husband

Father's Name *Thomas F. Burton* Father's Birthplace *Hilltown Md*

Mother's Maiden Name *Laura V. Grimes* Mother's Birthplace *Balto City*

Name of person giving information *Laura V. Burton* How related to deceased *Mother*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary *Marasmus* How long *1 mo*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *H. C. Heston M.D.*

Address *Sta. H. Grimes Balto Md.*

Accident or Suicide? *Neither*

Burial at Providence
Cemetery July 3/08.
William Cook
502 E 9th Ave

Name
in
Full

Still Born Buyer

CERTIFICATE OF DEATH

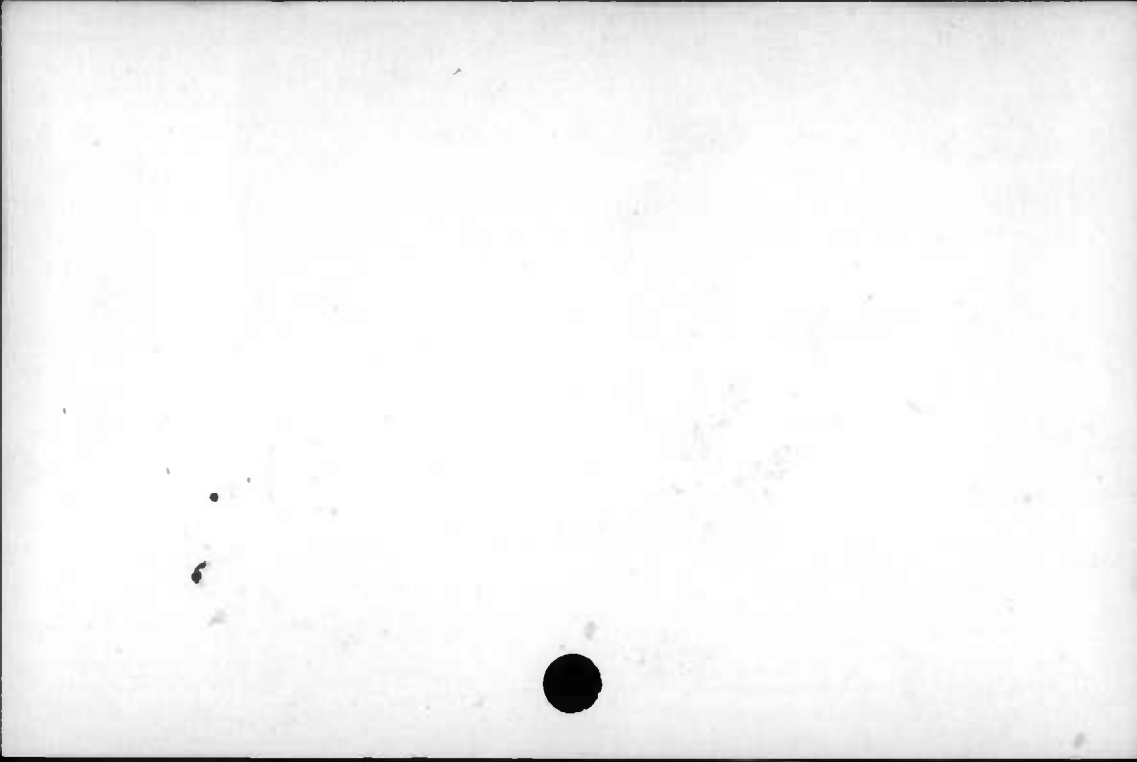
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Perry Hall</i> ^{Town}		<i>Baths</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>7</i> ^{Month}	<i>23</i> ^{Day}	Age <i>✓</i> ^{Years}	<i>✓</i> ^{Months}	<i>✓</i> ^{Days}
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>	
Occupation <i>✓</i>		Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>✓</i>			
Father's Name <i>August Buyer</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Louisa Fresh</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>D. F. H. Gorsuch</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	<i>S</i> ^{How long}
Immediate	<i>" "</i>	<i>✓</i> ^{How long}
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>D. F. H. Gorsuch</i>
		Address <i>Fork</i>
Accident or Suicide?		<i>md</i>



Name
in
Full

Hester A Camper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

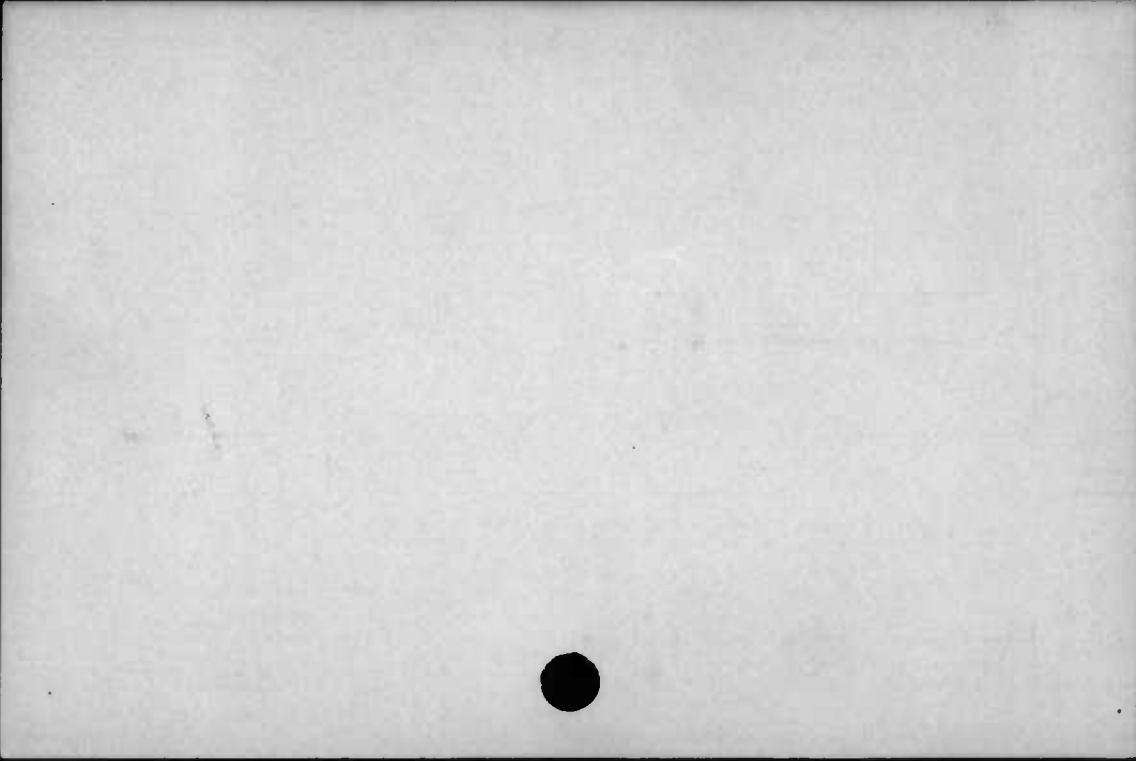
Died at		Town Racoonville		County Baldwin		MARYLAND	
Date of death	1908	Month July	Day 1	Age	60	Months —	Days —
Sex	Female		Color or Race	Color		Birth-place	Ind
Occupation	H.W.			Where Residing if not at place of death —			
Married, Single or Widowed	Widow		Name of Wife or Husband Unknown				
Father's Name	Wm Wright					Father's Birthplace	Ind
Mother's Maiden Name	Jane —					Mother's Birthplace	Ind
Name of person giving information	Joe Camper					How related to deceased	Son

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage	How long	1 week
Immediate	As above	How long	1 wk
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John W Harrison
		Address	Middle River
Accident or Suicide?	No		Ind



Name in Full		Certificate of Death			
William Henry Carr		TOWN		COUNTY	
Died at Phoenix		Baltimore		MARYLAND	
Date of death 1908 July		Day 25		Months 11	
Age 33		Years		Days 22	
Sex Male		Color or Race White American		Birth-place Phoenix Md	
Occupation Laborer at Coke Oven Man's Gas		Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name James Alexander Carr		Father's Birthplace Baltimore Md			
Mother's Maiden Name Catherine Smith		Mother's Birthplace Ashland Md			
Name of person giving information Philip R. Price		How related to deceased Uncle			
CAUSES OF DEATH					
27					
Primary Longusitis & Bronchitis - Gas Inhalation.		How long from last illness 1977 weeks			
Immediate Pulmonary Tuberculosis		How long 4 or 5 weeks			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr J. B. Benson			
Address		Cockeysville Md			
Accident or Suicide?		8th District			

Interment at Popular
Cemetery Tuesday 28

M. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thomdike P Chase

Died at *West Arlington* ^{Town} *Balto* ^{County} *Cu* MARYLAND

Date of death *1908* ^{Month} *July* ^{Day} *14* ^{Years} *25* ^{Months} ^{Days}

Sex *Male* Color or Race *White* Birth-place *Balto*

Occupation *Clerk* Where Residing if not at place of death *Arlington*

Married, ~~Single~~ *Married* Name of Wife or Husband *Unknown*

Father's Name *A. C. Chase* Father's Birthplace *Father*

Mother's Maiden Name *Lucy Chase* Mother's Birthplace *Idaho*

Name of person giving information *Mr A C Chase* How related to deceased *Father*

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary *Exposure* How long *1*

Immediate *Phthisis* How long *three weeks*

Are the name, age, sex, color, date and place correctly given above? *Unknown*

Signature of Physician *Edwin E. Jones*

Address *Arlington Md*

Accident or Suicide?

H E Hugh

Greenmont

Cemetery

Name In Full		George Cluth				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Arlington		County Baltimore		MARYLAND
	Date of death		1908	Month 7	Day 23	Age —	Years 8
	Sex		Male		Color or Race		White
	Occupation		—		Birth-place		Arlington B. & C.
	Where Residing if not at place of death		Arlington B. & C.				
	Married, Single or Widowed		—		Name of Wife or Husband		—
	Father's Name		Harry M. Cluth		Father's Birthplace		Ind
Mother's Maiden Name		Myrtle Gilson		Mother's Birthplace		Ind	
Name of person giving information		Harry M. Cluth		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Mal Nutrition		How long		One month
	Immediate		Shio-Colitis		How long		One week
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		C. B. Ensom M.D.
	Address		Sta. E. Arlington				Ind.
	Accident or Suicide?		No				

Isabel H. Keuff

McKendrick

Name
in
Full

Elsie Cohen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *McWashington* ^{County} *Baltimore* **MARYLAND**

Date of death *1908* Month *7* Day *29* Age *1* Years Months *2* Days *—*

Sex *Female* Color or Race *White* Birth-place *McWashington*

Occupation *Infant* Where Residing if not at place of death *Falls road*

Married, Single or Widowed *Infant* Name of Wife or Husband *—*

Father's Name *Harry Cohen* Father's Birthplace *Maryland*

Mother's Maiden Name *Mamie Squires* Mother's Birthplace *Maryland*

Name of person giving information *Joseph Squires* How related to deceased *Grand father*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary *Probable Marasmus* How long *from birth*

Immediate *Natural Causes* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? ☒

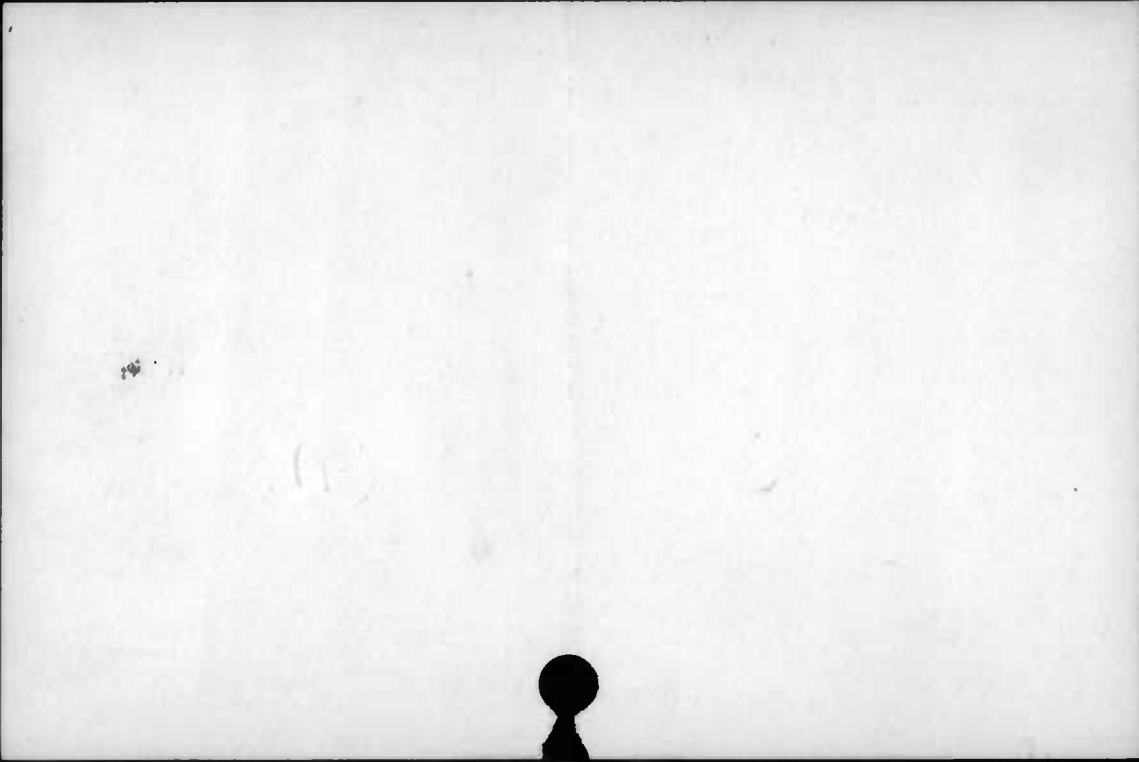
Signature of Physician *R. C. Massenburg Jr* Address *Health Officer*

Accident or Suicide? ☒ *Dr B Herbert, coroner*

Hum Book -
- - -

Holy cross - city

Name In Full Barbara Ellen Cole		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Butler <small>Town</small>		Butler <small>County</small>		MARYLAND
	Date of death 1908	Month July	Day 20	Years 2	Months 4 Days 16
	Sex Female	Color or Race White		Birth-place Butler Pa	
	Occupation Home		Where Residing if not at place of death Butler Pa. 60 mi		
	Married, Single or Widowed X	Name of Wife or Husband X			
	Father's Name Erasmus Cole		Father's Birthplace Pa. 60 mi		
	Mother's Maiden Name Etta Branson		Mother's Birthplace Pa. 60 mi		
Name of person giving information Erasmus Cole		How related to deceased Father			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary Laryngeal Diphtheria		How long 3 days		
	Immediate Failure of vital powers		How long 3 days		
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician D. E. Branson		
	Address Brooksville Md				
	Accident or Suicide? No				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William P. Compton</i>		Town <i>Pikesville</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Pikesville</i>		Month <i>7</i>		Day <i>13</i>		Age <i>58</i>	
Date of death <i>1908</i>		Years <i>58</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Pikesville</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Do not know</i>		Father's Birthplace <i>Do not know</i>					
Mother's Maiden Name <i>Do not know</i>		Mother's Birthplace <i>Do not know</i>					
Name of person giving information <i>H. H. Mathews</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senile Degeneration</i>		How long <i>several yrs</i>	
Immediate <i>Heart Disease</i>		How long <i>some months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. E. M.</i>	
		Address <i>Pikesville Md.</i>	
Accident or Suicide? <i>9</i>			

Jacob N. Knap
London Park

Name
in
FullRoosevelt Cooper
Town Bengis County Balto

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1908

Month

July

Day

20

Age

Years

Months

5

Days

29

Sex

Male

Color or
Race

Colored

Birth-
place

Bengis, Balto Co

Occupation

Where Residing if not
at place of death

Bengis

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Bradford Cooper

Father's
Birthplace

Bengis

Mother's
Maiden Name

Annie Preston

Mother's
Birthplace

Bengis

Name of person giving
In formation

Geo. W. Chew

How related
to deceased

not related

CAUSES OF DEATH

14

Primary

Typhoid

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Jas F. Gibson Coroner
Chase
Balto Co Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

(10)



Name
in
Full

William J. Bordrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

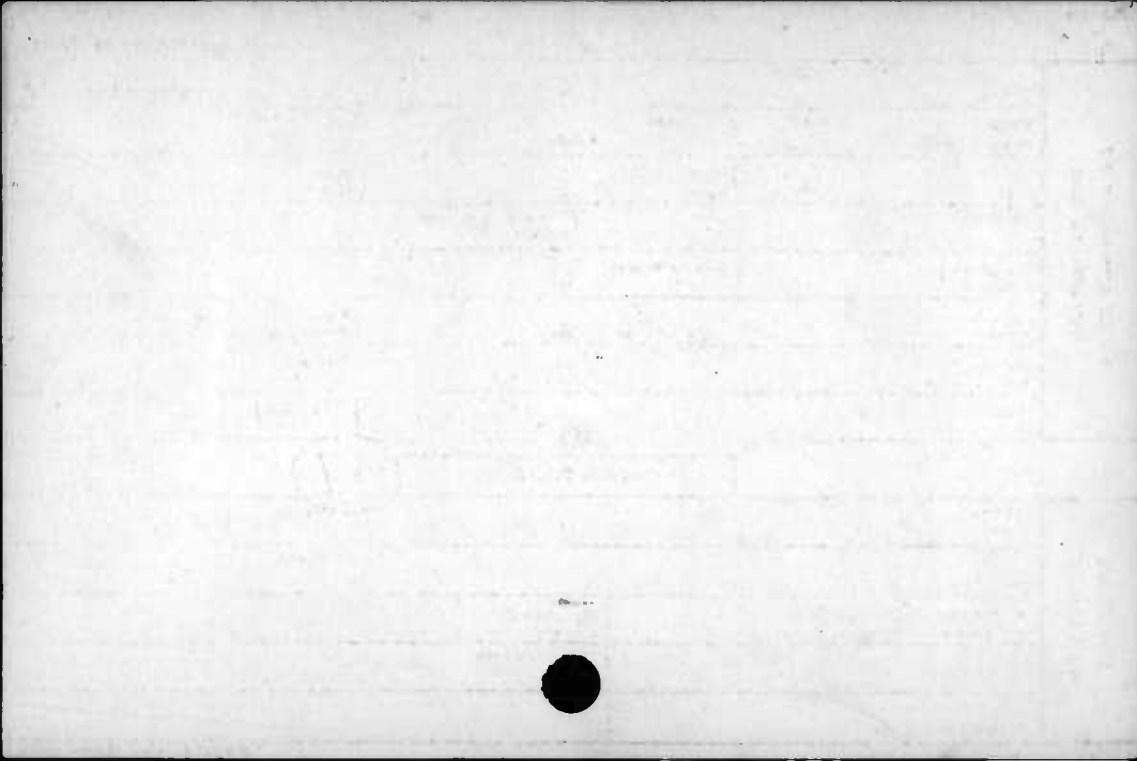
Died at <i>Sparrow Pt.</i>		County <i>Balto.</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>23</i>	Age <i>22</i>	Months <i>7</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Md.</i>		
Occupation <i>Machinist</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Samuel H. Bordrey</i>	Father's Birthplace <i>Del.</i>		Mother's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Catherine Doherty</i>	Name of person giving information <i>Samuel H. Bordrey</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. L. McCormick, M.D.</i>
	Address <i>Sparrow Point</i>
Accident or Suicide? <i>no</i>	<i>15th District Md.</i>



Name
in
Full

Sallie Menden Cox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

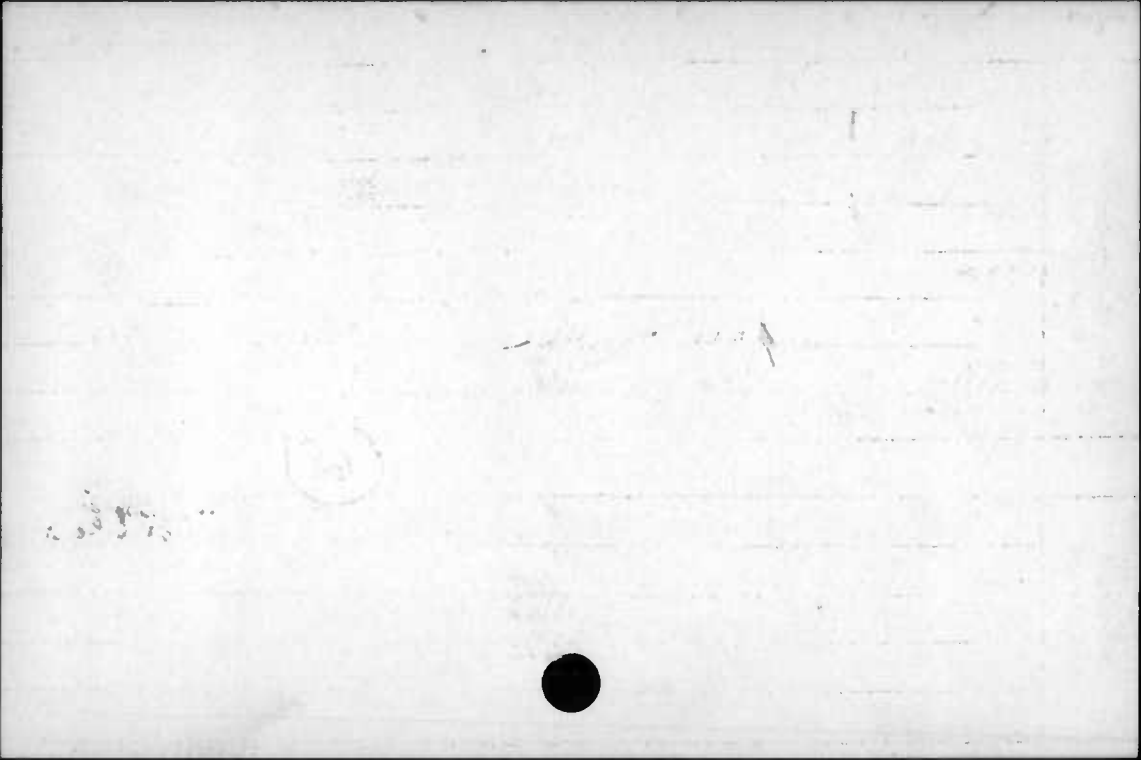
Died at <i>Mt Hope Remans</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>29</i>	Years <i>65</i>	Months <i>—</i>	Days <i>—</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Not Known</i>				
Occupation <i>North Carolina</i>			Where Residing if not at place of death <i>North Carolina</i>				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Not Known</i>					
Father's Name <i>Not Known</i>				Father's Birthplace <i>Not Known</i>			
Mother's Maiden Name <i>" "</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Reed as Mt Hope Remans</i>				How related to deceased <i>Not as yet</i>			

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Angina Acute Post Arterio sclerosis</i>	How long <i>—</i>
Immediate <i>Ex -</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Remans</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Thelma Craig

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

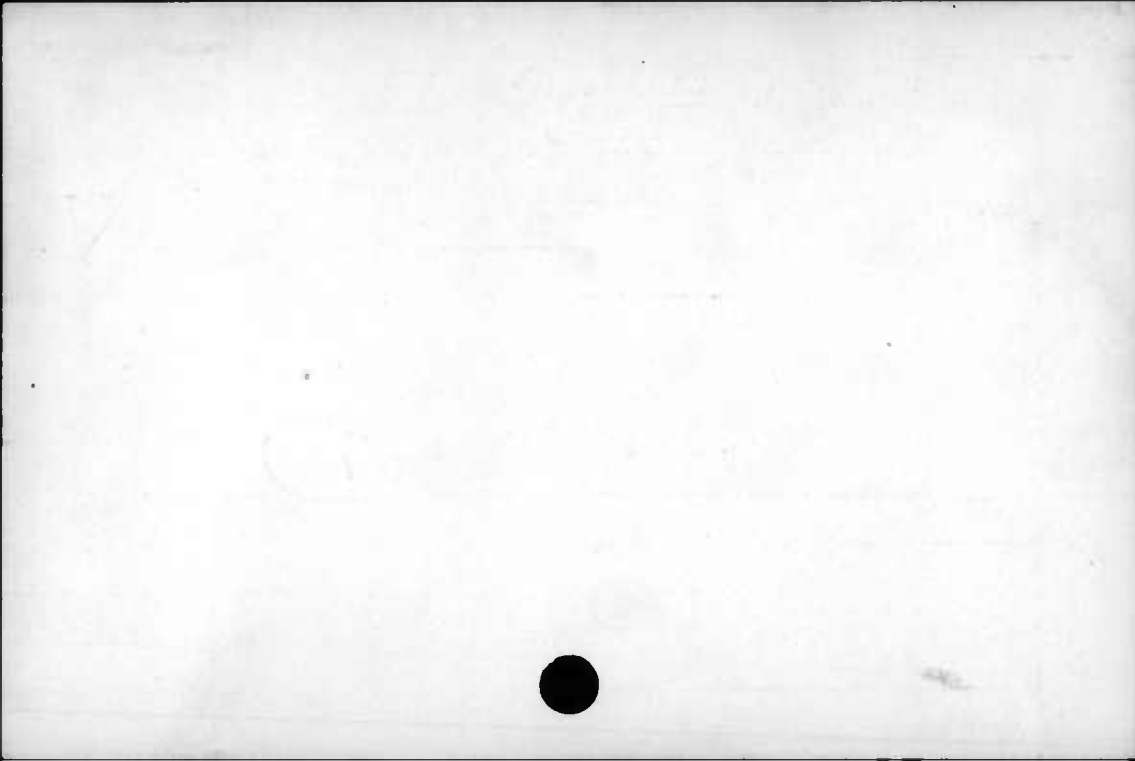
Died at <i>Mt Wilson</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>12</i>	Age <i>1</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Infant</i>	Where Residing if not at place of death <i>Baltimore</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Thomas</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>—</i>				
Name of person giving information	How related to deceased <i>—</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Acute Gastro Intestinal Infection</i>	How long <i>2 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Franklin Jr M.D.</i>
	Address <i>Mt Wilson</i>
Accident or Suicide?	<i>md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Elizabeth Crawford*

Town *Edgemere* County *Baltimore* MARYLAND

Died at *Edgemere*

Date of death *1908* Month *July* Day *15* Age *42* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Pennia.*

Occupation *Housewife* Where Residing if not at place of death *Edgemere*

Married, ~~Single~~ or ~~Widowed~~ Name of Wife or Husband *William Crawford*

Father's Name *Jonas Henry* Father's Birthplace *Pa.*

Mother's Maiden Name *unknown* Mother's Birthplace *—*

Name of person giving information *William Crawford* How related to deceased *Husband*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *1 year*

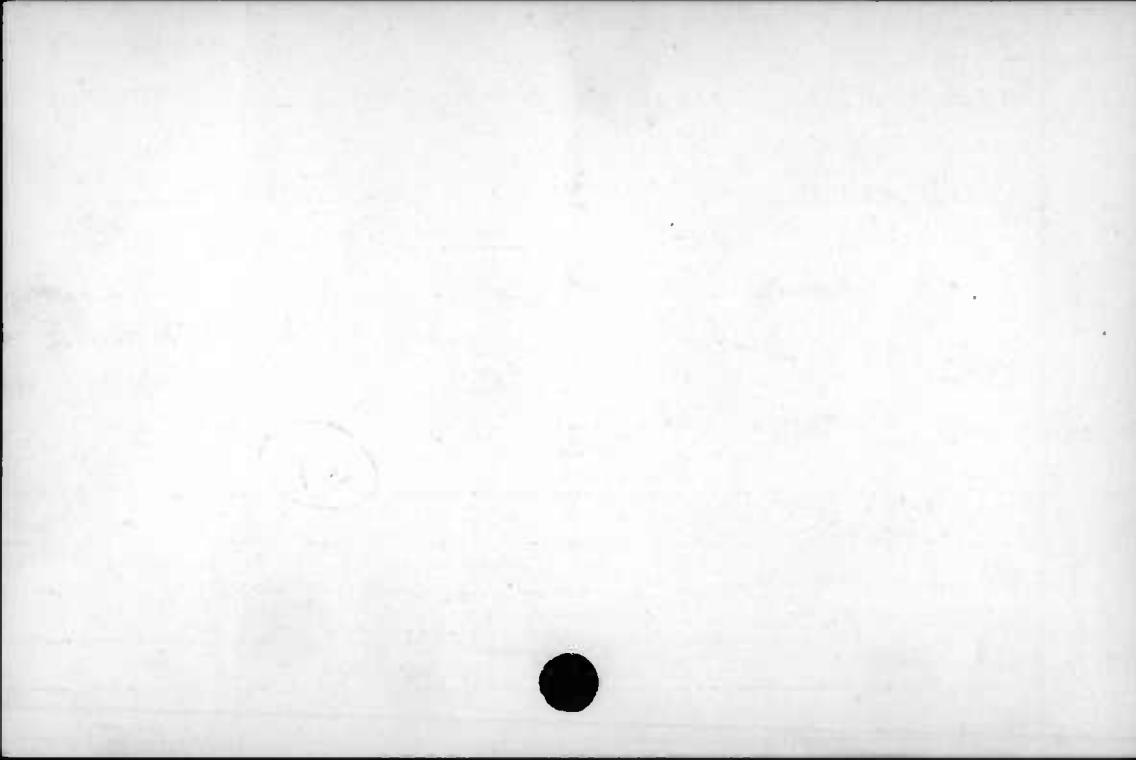
Immediate *Exhaustion* How long *4-2 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. M. McCormick, M.D.*

Address *Spanners Point Md.*

Accident or Suicide? *no* *15th Street*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary R. Cropper

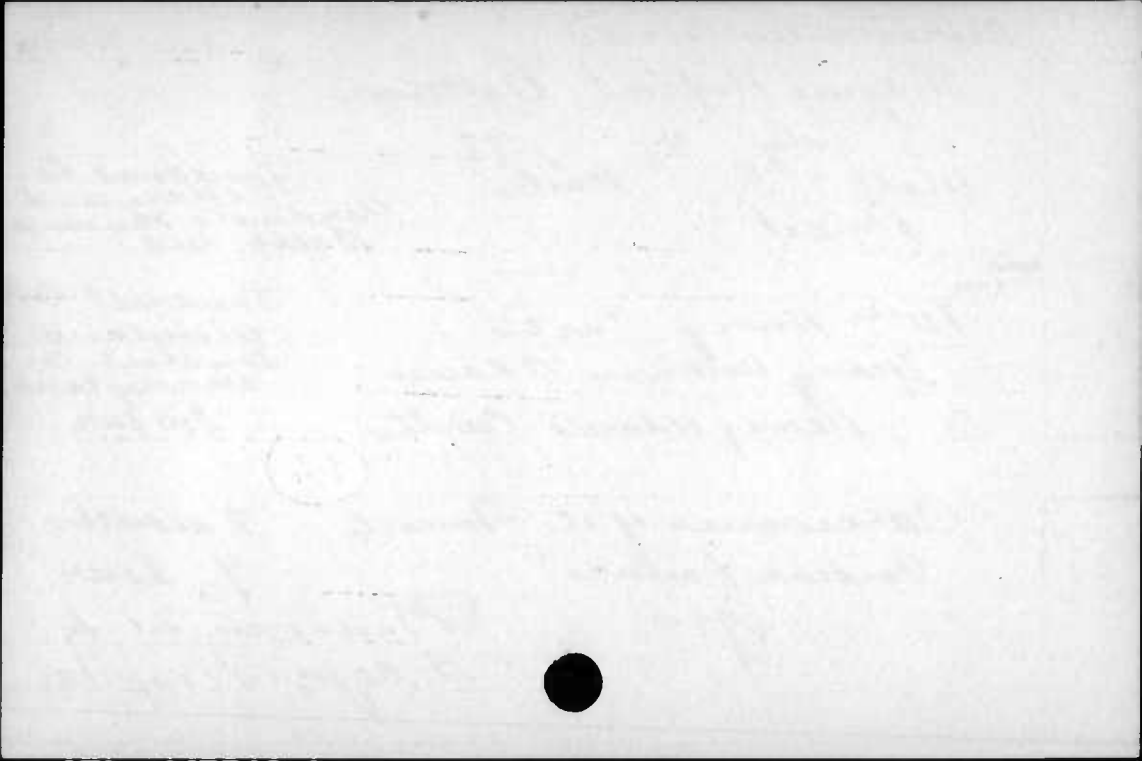
Died at <i>Mt Hope Retriar</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>July</i>	Day <i>7th</i>	Age <i>39</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Phila Pa</i>			
Occupation <i>Wife of Hotel</i>		Where Residing if not at place of death <i>Camden N. Jr.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Not Known</i>					
Father's Name <i>Not Known</i>		Father's Birthplace <i>Not Known</i>					
Mother's Maiden Name <i>ll</i>		Mother's Birthplace <i>ll ll</i>					
Name of person giving information <i>Reeds Mt Hope Retriar</i>		How related to deceased <i>Not at all</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Mania Chr-</i>	How long <i>over 4 yrs</i>
Immediate <i>Ex. Cerebroplexy</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retriar</i>
	<i>Mt Hope Md</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name
in
Full

Alfred Allen Curtis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *St. Agnes Hospital* *Baltimore*

MARYLAND

Date of death *1908* *July* *11* *Age* *77*

Months Days

Sex *Male* Color or Race *White*Birthplace *Somerset Co. Maryland*
Cardinal's Residence
*Balto., Md.*Occupation *Priest* Where Residing if not at place of deathSingle
or ~~Married~~

Name of Wife or Husband

Father's Name *Wm. Henry Curtis*Father's Birthplace *Somerset Co. Maryland*Mother's Maiden Name *Mary William Adams*Mother's Birthplace *Somerset Co. Maryland*Name of person giving information *Mary Adams Curtis*How related to deceased *Sister*

CAUSES OF DEATH

40

PHYSICIAN
OR CORONERPrimary *Carcinoma of the Stomach* *How long* *2 months*Immediate *Cardiac failure* *How long* *1/2 hour*Are the name, age, sex, color, date and place correctly given above? *Yes*

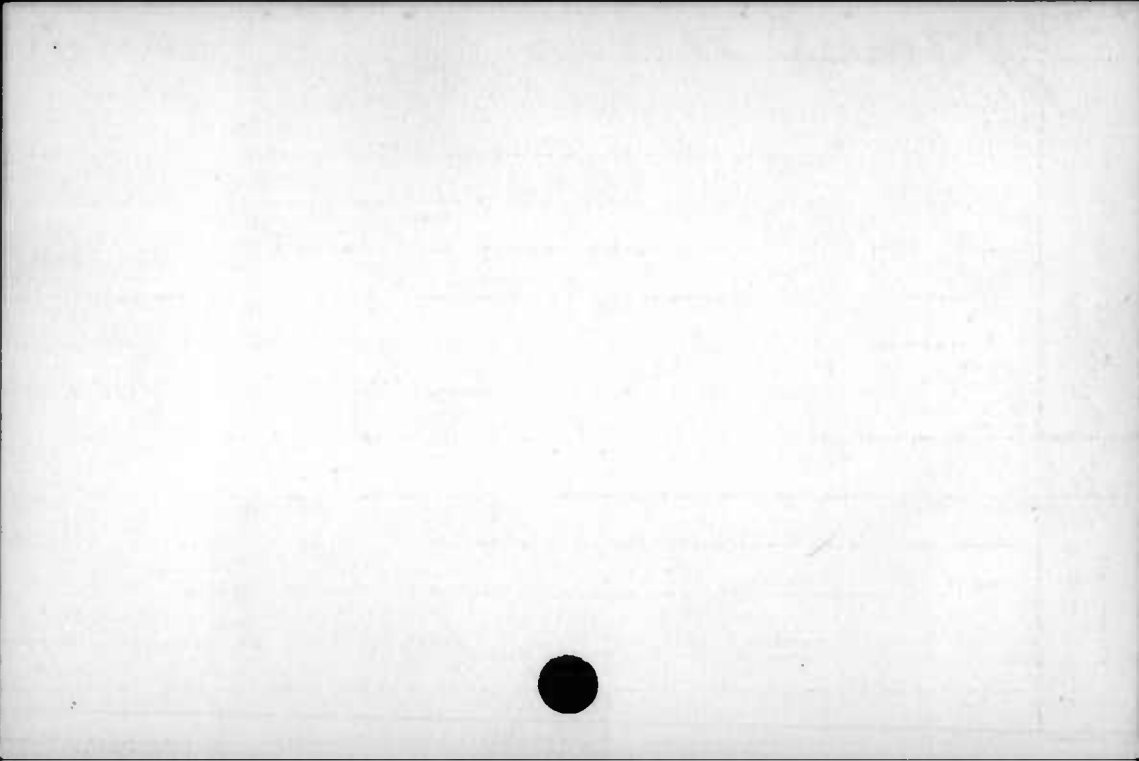
Signature of Physician

E. J. Sandrock M. D.

Address

St. Agnes Hospital

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph Hy Daniels

Died at *Rossville* Town *Beth* County

DATE of death *1908 July 10* Month *July* Day *10* Age *20* Years Months *11* Days *24*

Sex *male* Color or Race *white* Birth-place *md*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *William James Daniels* Father's Birthplace *md*

Mother's Maiden Name *Esther Cecelia Ingraham* Mother's Birthplace *md*

Name of person giving information *Mr Wm Daniels* How related to deceased *brother*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

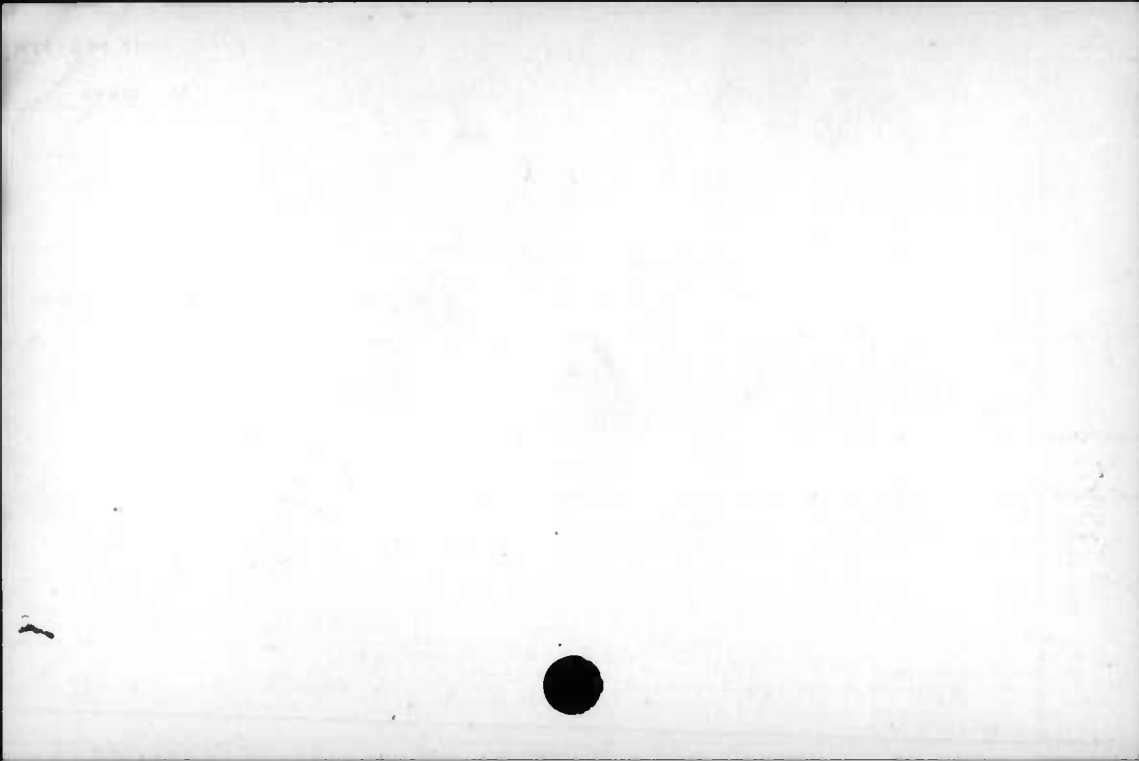
Primary *Cholera Infantum* How long *few hours*

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *John W. Harrison* Address *Middlebrook Md*

Accident or Suicide? ☒



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Guymer Savage

Town

Crown

County

Baltimore

MARYLAND

Date

of death 1908

Month

July

Day

8

Age

Years

—

Months

11

Days

9

Sex

male

Color or
Race

Caf

Birth-
place

Md

Occupation

infant

Where Residing if not
at place of death

Crown

~~Married, Single~~
~~or Widowed~~~~Name of Wife~~
~~or Husband~~Father's
Name

B. Wesley Savage

Father's
Birthplace

Md

Mother's
Maiden Name

Martha C. Guymer

Mother's
Birthplace

Md

Name of person giving
information

B. W. Savage

How related
to deceased

father

CAUSES OF DEATH

146

Primary

Marasmus + Rickets

How long

4 Months

Immediate

Cardiac Asthma

How long

34 hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. Gayle M. Carr, M.D.
Crown Md.PHYSICIAN
OR CORONER~~Identical or Substantially~~

McChesman
W. P. Chatsman
Phoenix

1 Mt. Zion

Unionville

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Baltimore* Town *Baltimore* CountyDate of death *1908* Month *July* Day *21* Age Years *85* Months *4* Days *13*Sex *Male* Color or Race *White* Birth-place *London, Eng.*Occupation *Retired* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Ellen Waddell*Father's Name *Jas Morgan Davis* Father's Birthplace *Wales*Mother's Maiden Name *Eliz Griffith* Mother's Birthplace *Wales*Name of person giving information *Morgan J Davis* How related to deceased *Son*

CAUSES OF DEATH

78

PHYSICIAN
OR CORONERPrimary *Myocarditis* How long *6 mds*Immediate *Gastro-intestinal, Pneumonia* How long *3 wks*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Dr. H. Stoddard*Address *Sta W. Baltimore*

Accident or Suicide?

John B. Spencer

Green Mt. Cemetery

Name
in
Full

George W Day

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Denis</i> <small>Town</small>		<i>Bolton</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Month</small>	<i>July</i> <small>Day</small>	<i>2</i> <small>Age</small>	<i>68</i> <small>Years</small>	<i></i> <small>Months</small>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Rail Road Laborer</i>		Where Residing if not at place of death <i>Resided at place of death</i>		
Married, Single or Widowed	<i>married</i>	Name of Wife or husband	<i>Annie Day</i>		
Father's Name	<i>not known</i>		Father's Birthplace	<i>not known</i>	
Mother's Maiden Name	<i>not known</i>		Mother's Birthplace	<i>not known</i>	
Name of person giving information	<i>Gaffor Day</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<i>Inflammation of bones</i>	<i>with diphtheria</i>	How long	<i>2 months</i>
Immediate	<i>"</i>	<i>" " + Diphtheria</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician	<i>Arthur Williams</i>
			Address	<i>Elk Ridge Md</i>
Accident or Suicide?	<i>No</i>			

Robert Brooks & Son
M.E. Cemetery Bridge.
Howard Co.
Md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full James Degan		Town Highlandtown		County Balto.		MARYLAND	
Died at		Date of death		Age		Months	
		1908 7 1		18		11 20	
Sex Male		Color or Race White		Birth-place Balto. Ind.			
Occupation Labour				Where Residing if not at place of death 503 Mt. Pleasant Highlandtown			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name John Degan				Father's Birthplace Balto.			
Mother's Maiden Name don't know				Mother's Birthplace 11			
Name of person giving information John A. Moran				How related to deceased none			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	1 year
Immediate	As thymia	How long	4 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. Walter Thompson	
		Address 1228 N. Caroline St.	
Accident or Suicide?			

Holy Cross Church
John A. Moran
July 4th / 08

Name
in
Full

Bridget Doyle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Texas</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>July</i>	Day	<i>20</i>
		Years	<i>About 70</i>	Months	
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Ireland</i>
Occupation	<i>Domestic</i>		Where Residing if not at place of death <i>Texas Md</i>		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband <i>Edward Doyle</i>			
Father's Name	<i>Thomas O'Connor</i>			Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	<i>Jora O'Connor</i>			Mother's Birthplace	<i>Ireland</i>
Name of person giving information	<i>Edward J. Doyle</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary	<i>Pelvic Peritonitis</i>	How long	<i>12 days</i>
Immediate	<i>Intestinal obstruction</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>B. F. Burrey</i>
<i>Yes</i>		Address	<i>Texas Md.</i>
Accident or Suicide?			

Interment at Japan
Thursday July 23

W. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Frederick East*

Died at *Westport* ^{Town} *Baltimore* ^{County} **MARYLAND**

Date of death *1908 July 28* ^{Month} ^{Day} Age *30* ^{Years} ^{Months} *1* ^{Days} *19*

Sex *male* Color or Race *white* Birth-place *Brooklyn*

Occupation *electrician* Where Residing if not at place of death *Westport*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *John East* Father's Birthplace *Germany*

Mother's Maiden Name *Rose Cole* Mother's Birthplace *Baltimore*

Name of person giving information *Lewis B East* How related to deceased *brother*

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary *Cirrhosis of Liver* How long *1 year*

Immediate *Heart Disease* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. H. Haines* Address *mt Wmms Md.*

Accident or Suicide? *9*

Cedar Hill

Wm J. Tickner & Sons
Cedar Hill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sylvia Maud Fenwick

Died at ^{Town} Mt. Washington ^{County} Baltimore

MARYLAND

Date of death 1908 ^{Month} July ^{Day} 35 ^{Years} 2 ^{Months} 1 ^{Days} 19Sex Female ^{Color or Race} Colored ^{Birth place} Mt. Washington

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single ^{Name of Wife or Husband} _____Father's Name James Henry Fenwick ^{Father's Birthplace} Charles Co. Md.Mother's Maiden Name Mary Ellen Dotson ^{Mother's Birthplace} Charles Co. Md.Name of person giving information Mrs. Mary Ellen Dotson Fenwick ^{How related to deceased} Mother

CAUSES OF DEATH

175

How long _____

Primary Drinking Lye ^{How long} 1st - 3 days
Immediate 2nd - 5 days
2nd - 5 days
Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} Dr. Josiah S. Boward

Address _____

Accident or Suicide? Accident

Mt. Washington,
Balto. Co. Md.

St Marys Govansboro

N. S. Marshall

3539 Fall Road

July 26 - 1908

Name
in
Full

Viola L. Filliaux

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highland</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death	1908	Month	<i>July</i>	Day	<i>7</i>
Age		Years	<i>8</i>	Months	<i>4</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Balt. Co.</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>John Filliaux</i>			Father's Birthplace	<i>Pennsylvania</i>
Mother's Maiden Name	<i>Sophie Deems</i>			Mother's Birthplace	<i>Balt. Co.</i>
Name of person, giving information	<i>John Filliaux</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>12 hours</i>
Immediate	<i>Heart failure</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. Schlieder M.D.</i>	
		Address	
		<i>3314 E. Balto St</i>	
		<i>Balto Co.</i>	
Accident or Suicide?			

H. Sanders & Sons

Mr Carmel

July 9/18

Name
in
Full

CERTIFICATE OF DEATH

Ernest Lee Fishman

Town

County

MARYLAND

Died at

Luther ville

Baltimore

Date

of death 1908

Month

July

Day

3rd

Age

Years

9

Months

3

Days

9

Sex

Male

Color or
Race

White

Birth-
place

Balto. Co.

Occupation

And none

Where Residing if not
at place of death

Luther ville

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Adolphus Fishman

Father's
Birthplace

Balto. Co.

Mother's
Maiden Name

Mary L. Overing

Mother's
Birthplace

Balto. Co.

Name of person giving
In formation

Mary L. Fishman

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Typhoid Fever

How long

Two weeks

Immediate

Peritonitis

How long

Five days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Wm. L. Smith

Address

Rider, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Burns Sons
Towns on

Saturn Baptist
cemetery

PHYSICIAN
OR CORONERName
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at Boston Town

Balto County

Date of death	1908	Month	July	Day	3rd.	Age	80	Years		Months	9	Days	1
---------------	------	-------	------	-----	------	-----	----	-------	--	--------	---	------	---

Sex *Male* ✓ Color or Race *White* Birthplace *Alabama Va.*

Occupation	Where Residing if not at place of death
President Baltimore Warehouse	

Married, Single or Widowed *Married.* Name of Wife or Husband *Adelaide Frost.*

Father's Name	Frederick Foote	Father's Birthplace	Pyraia, Williams Co., Va.
---------------	-----------------	---------------------	---------------------------

Mother's Maiden Name	Catherine Ramsey	Mother's Birthplace	Abingdon Va
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Name of person giving information *Adelaide Feablot* How related to deceased *Wid.*

CAUSES OF DEATH

120

Primary	Bright's disease of Kidneys	How long	18 months
		How long	

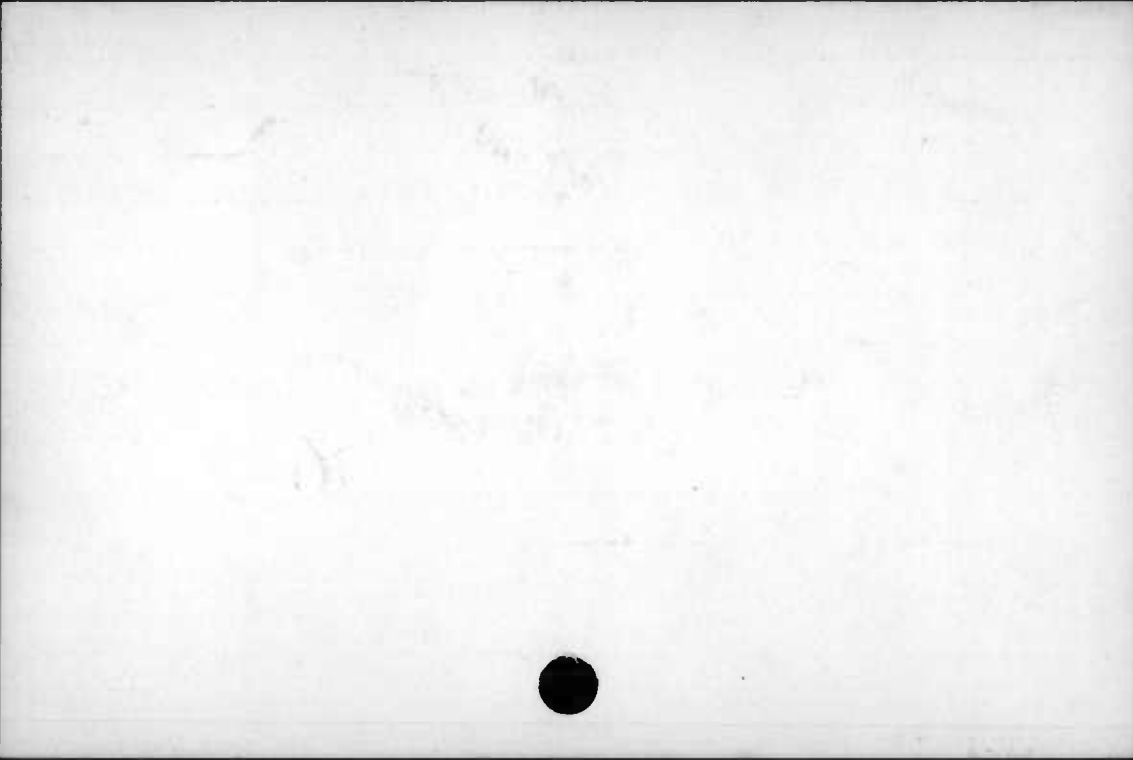
Immediate Urinary & Rectal Paralysis about 24 hours

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *L.H. H. H. H. H. H.*

Address ⁴¹¹
702 W. Haystack St.
Salt Lake, Utah

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Friskey Jr.* Town *Gardenville* County *Balto co* MARYLAND

Died at *Gardenville*

Date of death *1908* Month *July* Day *2* Age *26* Years Months *5* Days *17*

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation *Farmer* Where Residing if not at place of death *Gardenville*

Married, ~~Single~~ or ~~Widowed~~ Name of Wife or Husband *Anna Cook-*

Father's Name *John Friskey Sr.* Father's Birthplace *MD*

Mother's Maiden Name *Eliabeth Mitchell* Mother's Birthplace *MD*

Name of person giving information *John Friskey* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid* How long *5 Wks*

Immediate *Heart Failure* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. W. F. Clayton*

Address *Raspburg*

Accident or Suicide? *No*

Henry Horck Lee

Holy Redeemer Cemetery.

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>North Perry Road</i>		County <i>Baltimore</i>		MARYLAND
	Date of death <i>1908</i>	Month <i>7</i>	Day <i>10</i>	Age <i>—</i>	Years <i>7</i>
	Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Inds</i>	Days <i>—</i>
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		
	Father's Name <i>James Gasling</i>		Father's Birthplace <i>Ind</i>		
	Mother's Maiden Name <i>Rosetta Little</i>		Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Dr. T. Holmes</i>		How related to deceased <i>Friend</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Chol. & Infanter</i>		How long <i>2 weeks</i>		
	Immediate <i>Exhaustion</i>		How long <i>2 weeks</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. C. Shepherd</i>		
			Address <i>400 Fair St.</i>		
Accident or Suicide? <i>9</i>					

105

W. Sanders & Son -

Colored Methodist
Church -

North Point Road,

July 12 / 08

Name
in
Full

William Gerlock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Baltimore</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Date of death	1908	Month	July	Day	1	Years	Age 23
Sex		Male		Color or Race		White	
Occupation		Laborer		Where Residing if not at place of death		Orangethills	
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		Louis Gerlock		Father's Birthplace		Germany	
Mother's Maiden Name		Nettie Gerlock		Mother's Birthplace		Baltimore	
Name of person giving information		Father		How related to deceased		Father	

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	John Gethmann
Address	Acting Coroner
Accident or Suicide?	Accidentally

H. Sanders & Son

Balto. Cemetery

July 3rd / 08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

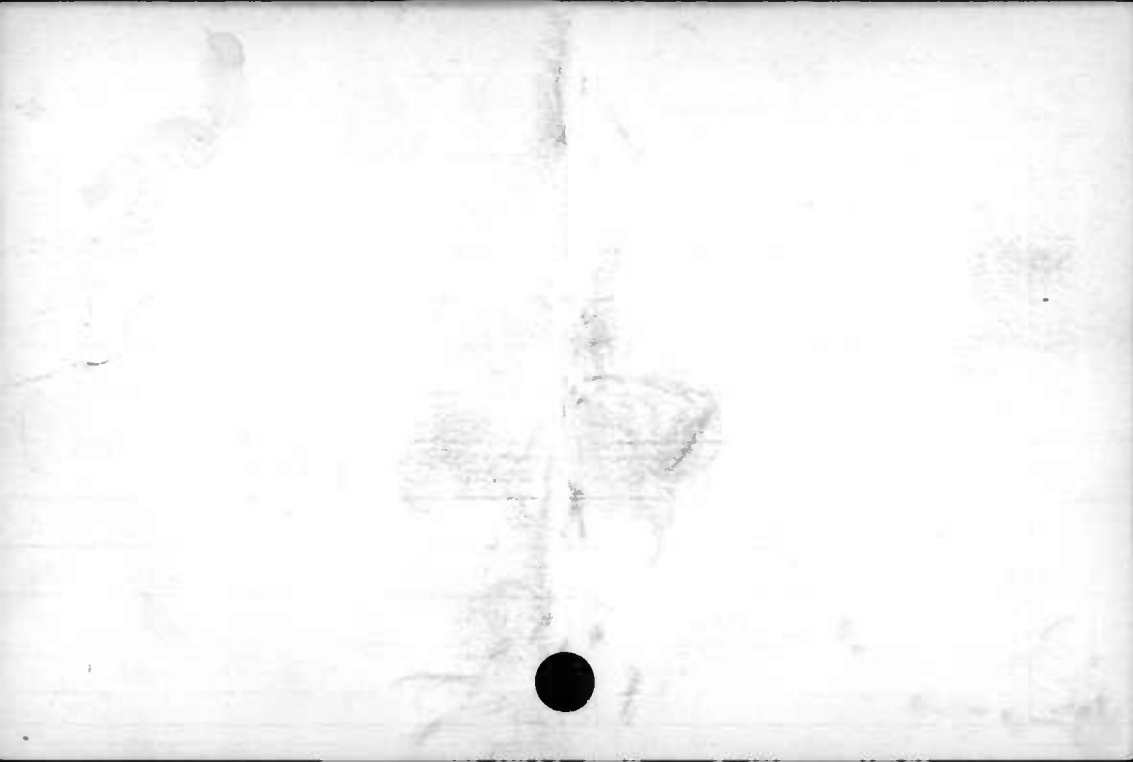
Name in Full Mildred E Gernhardt		Town Middle River		County Baltimore		MARYLAND					
Died at		Month July		Days 10th		Years 6 yrs		Months one		Days	
Date of death 1908		Sex Female		Color or Race White		Birth-place Balte City					
Married, Single or Widowed single		Occupation									
Name of Wife or Husband											
Father's Name Christopher Gernhardt		Father's Birthplace Baltimore									
Mother's Maiden Name Myra Bramwell		Mother's Birthplace Baltimore									
Name of person giving Information Harry L Rice		How related to deceased Niece									

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary Accidental Drowning		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician William H. Hunt J.P.	
Accident or Suicide? no			



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Highlandtown</i>				<i>Balto.</i>		MARYLAND			
		Date of death <i>1908</i>		Month <i>7</i>	Day <i>14</i>	Age <i>-</i>	Years <i>-</i>	Months <i>5</i>	Days <i>2</i>		
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto. Md.</i>					
		Occupation <i>None</i>		Where Residing if not at place of death <i>2 S. Highland</i>							
		Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>							
		Father's Name <i>Wm P. Gessner</i>		Father's Birthplace <i>Balto</i>							
Mother's Maiden Name <i>Lula L. Moreland</i>		Mother's Birthplace <i>" "</i>									
Name of person giving information <i>Annie Gessner</i>		How related to deceased <i>Grand mother</i>									
		CAUSES OF DEATH				(105)					
PHYSICIAN OR CORONER		Primary <i>Enteritis</i>				How long <i>3 days</i>					
		Immediate <i>Exhaustion</i>				How long <i>1 day</i>					
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>Fred Carver</i>					
						Address <i>2229 E. Baeto St</i>					
		Accident or Suicide? <i>-</i>									

St. Carmel Cemetery

Hernig Jan

7/15/08

Name
in
Full

David Gilland.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Carney</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1908	Month	July	Day	2	Age	78
Sex	Male	Color or Race	White	Birth-place	Baltimore Co.	Months	8
Occupation	Farmer.			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband <i>Mary Ann Crosby.</i>			
Father's Name	<i>Wm Gilland</i>			Father's Birthplace <i>Balt Co.</i>			
Mother's Maiden Name	<i>Deliah Gilland</i>			Mother's Birthplace <i>= =</i>			
Name of person giving information	<i>Presley A. Gilland.</i>			How related to deceased <i>Son.</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Valvular Cardiac</i>	How long	<i>A year or</i>
Immediate	<i>Disease & Chron. Bronchitis.</i>	How long	<i>more, the latter.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>W. J. Harrison.</i>
		Address	<i>Lock Raven.</i>
Accident or Suicide?			

Entertainment

Dukes Palace

Geo W. Grammer

Undertaker

Name
in
Full

Hannah Goldman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

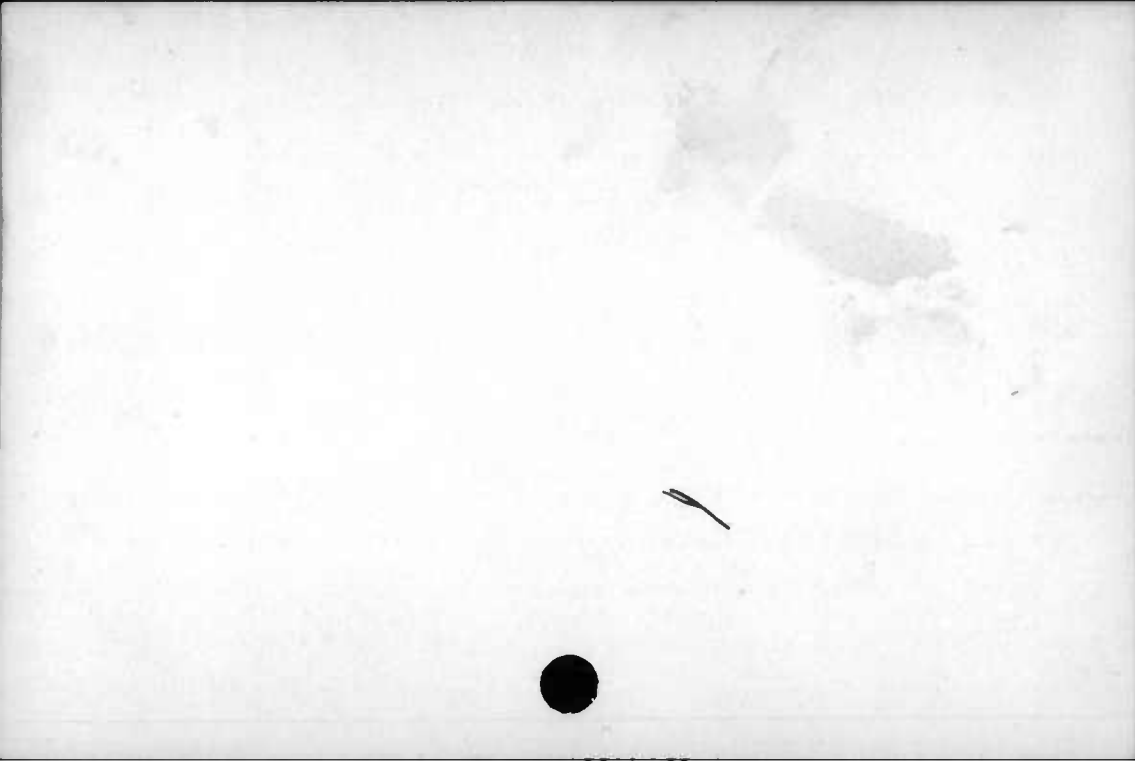
Died at <i>Pikesville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1908</i> Month	<i>July</i> Day	<i>12</i> Age	<i>63</i> Years	Months Days
Sex	<i>Female</i>		Color or Race	<i>White</i>	Birth-place <i>Baltimore</i>
Occupation	<i>none</i>		Where Residing if not at place of death <i>Baltimore Md</i>		
Married, Single or Widowed	<i>W</i>	Name of Wife or Husband <i>Edward Goldman</i>			
Father's Name	<i>Henry Raytor</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Bahette Weil</i>			Mother's Birthplace	<i>Germany</i>
Name of person giving information	<i>Mildred Grauer</i>			How related to deceased	<i>Son-in-law</i>

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary	<i>Diabetes</i>	How long	<i>Some years</i>
Immediate	<i>Heart Failure</i>	How long	<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Sydney M. Cone</i>	
Accident or Suicide?		Address <i>2326 Eutaw Place</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name *John H. Grace*

Town *Highlandtown* County *Balto*

Died at *Highlandtown*

Date of death 190 *8* Month *7* Day *22* Age *22* Years Months *4* Days *22*

Sex *Male* Color or Race *White* Birth-place *Balto*

Occupation *none* Where Residing if not at place of death *3240 belgate*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *John H. Grace* Father's Birthplace *Balto*

Mother's Maiden Name *Florence M. Metzger* Mother's Birthplace *" "*

Names of person giving Information *John H. Grace* How related to deceased *Father*

CAUSES OF DEATH

Primary *Cholera Infantum*

Immediate *Exhaustion*

105
How long

Are the name, age, sex, color, date and place correctly given above? *ye*

Signature of Physician *A. L. Warner*

Address *1120 Highland*

Accident or Suicide *no*

Mt. Carmel Cemetery
Hervig & Son
7/23/88

Name
in
Full

William P. Gundlach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hamilton		County Baltimore		MARYLAND	
Date of death		Month July	Day 28th	Years 8	Months 10	Days 23	
Sex Male		Color or Race White		Birthplace Baltimore Ind.			
Occupation None		Where Residing if not at place of death Carter Ave Hamilton					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name William P. Gundlach		Father's Birthplace Baltimore Ind.					
Mother's Maiden Name Orather Marr		Mother's Birthplace " " "					
Name of person giving information William P. Gundlach		How related to deceased Father					

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	6 mos
Immediate	Organic Heart	How long	4 mos
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician George Long M.D.	
Accident or Suicide? No		Address Hamilton Md	

J.W. Trench

London Park Cemetery

Name
in
Full

Magdalena Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

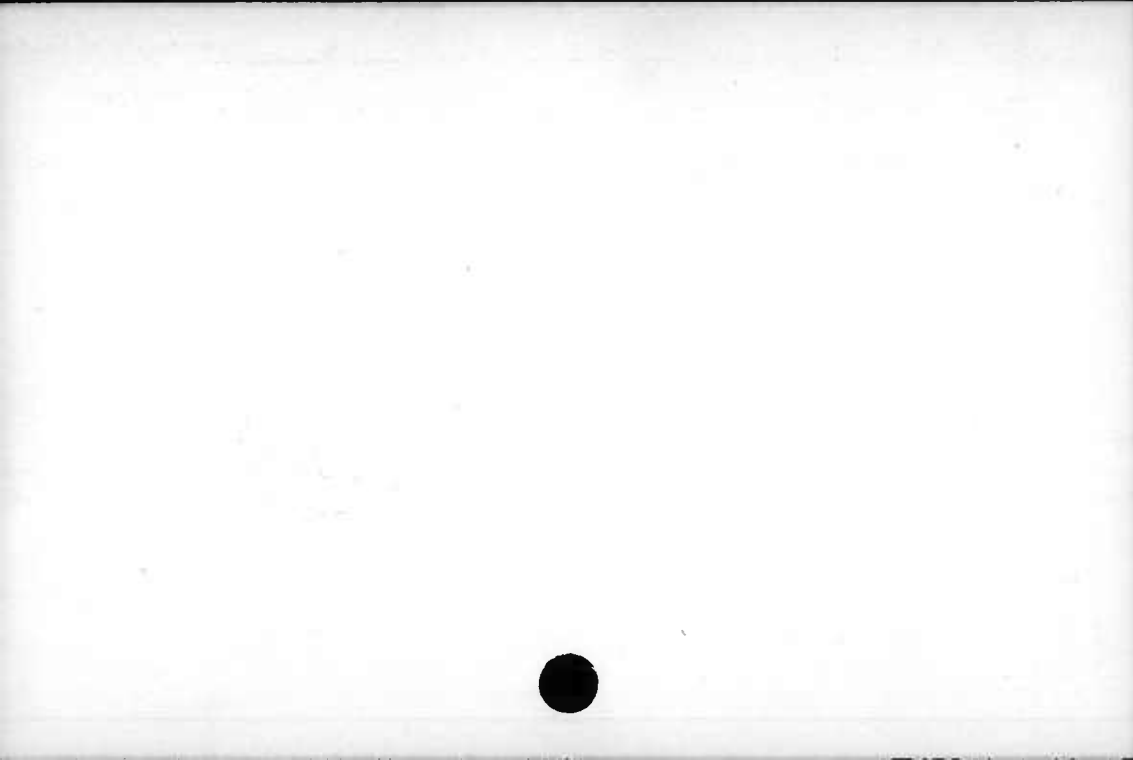
Died at		Town Mt. Union		County Baltimore		MARYLAND	
Date of death 1905		Month July	Day 15	Age	Years	Months 4	Days —
Sex female		Color or Race Col		Birth- place Baltimore			
Occupation In font				Where Residing if not et place of death Baltimore			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Unknown		Father's Birthplace Unknown					
Mother's Maiden Name Elizabeth		Mother's Birthplace —					
Name of person giving Information		How related to deceased —					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. H. J.
	Address Mt. Union Md
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

David Harryman

Died at <u>Gorantown</u> ^{Town}		<u>Baltimore</u> ^{County}		1 MARYLAND	
Date of death	1908	Month	July	Day	13
Age	62	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Baltimore
Occupation	Painter		Where Residing if not at place of death <u>Gorantown</u>		
Married, Single or Widowed	single		Name of Wife or Husband		
Father's Name	David Harryman			Father's Birthplace	Boston
Mother's Maiden Name	Alice Stratton			Mother's Birthplace	Boston
Name of person giving information	R. Q. Poole, sr.			How related to deceased	Brother-in-law

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Pneumonia Paralysis	How long	1 week
Immediate	Exhaustion	How long	several days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		E. H. Wen can	
		Address	
		Gorantown	
Accident or Suicide?			

Greenmount Cemetery

July 15/68

H. C. Widefeld ●

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mt Hope Retreat* Town*Beallman* County

Date

of death *1908*

Month

July

Day

24

Age

Years

27

Months

Days

Sex

*Male*Color or
Race*White*Birth
place*Dorland*

Occupation

*Clergyman R.C.*Where Residing if not
at place of death*Brookland D.C.*Married, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Not Known*Father's
Birthplace*Not Known*Mother's
Maiden Name*11 11*Mother's
Birthplace*11 11*Name of person giving
information*Reeds Mt Hope Retreat*How related
to deceased*Not at all*

CAUSES OF DEATH

69

Primary

Mania (Epileptics)

How long

Over 3 yrs

Immediate

Ex. Status Epileptics

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Frank J. Flannery*
Sub Registrar

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

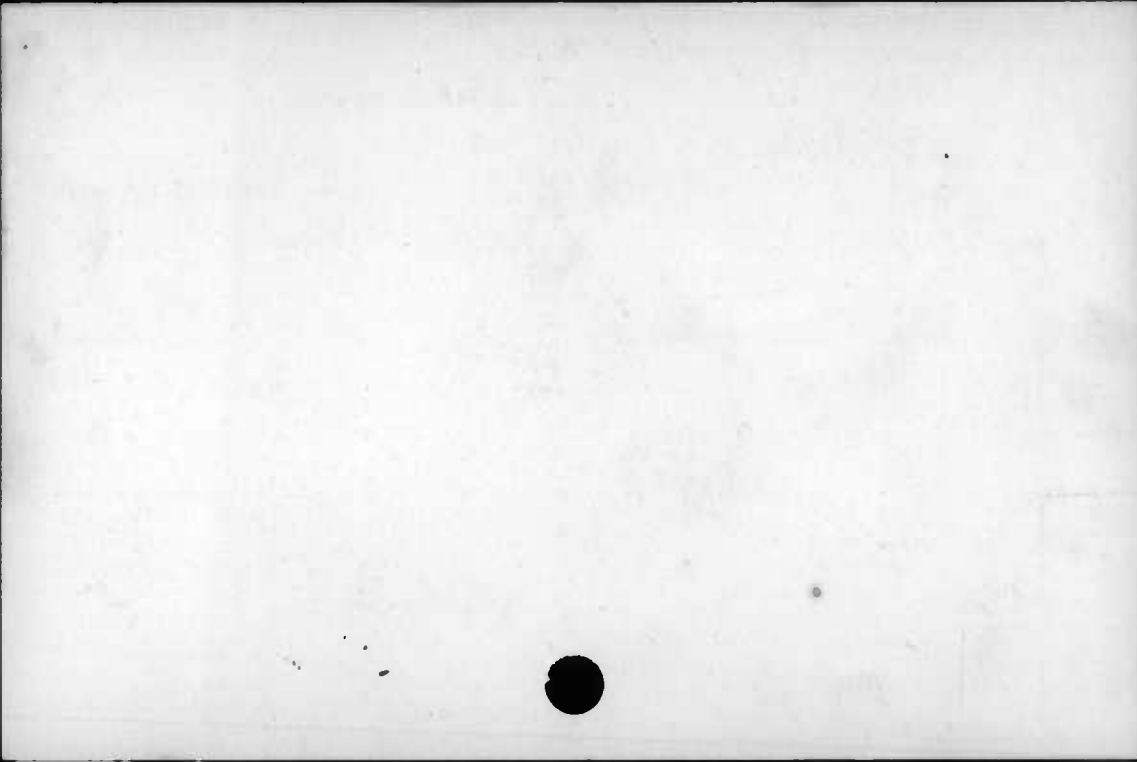
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		7	11	76			
Sex	Male	Color or Race	White	Birth-place	Germany		
Occupation	Unknown		Where Residing if not at place of death		as above		
Married, Single or Widowed	Widowed		Name of Wife or Husband	Unknown			
Father's Name	Unknown			Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown		
Name of person giving information	Dr Bussey			(27)	How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	admission
Immediate			How long	since his
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
8th District		Dr. D. D. Bussey		
		Address		
		Texas		
		Md.		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

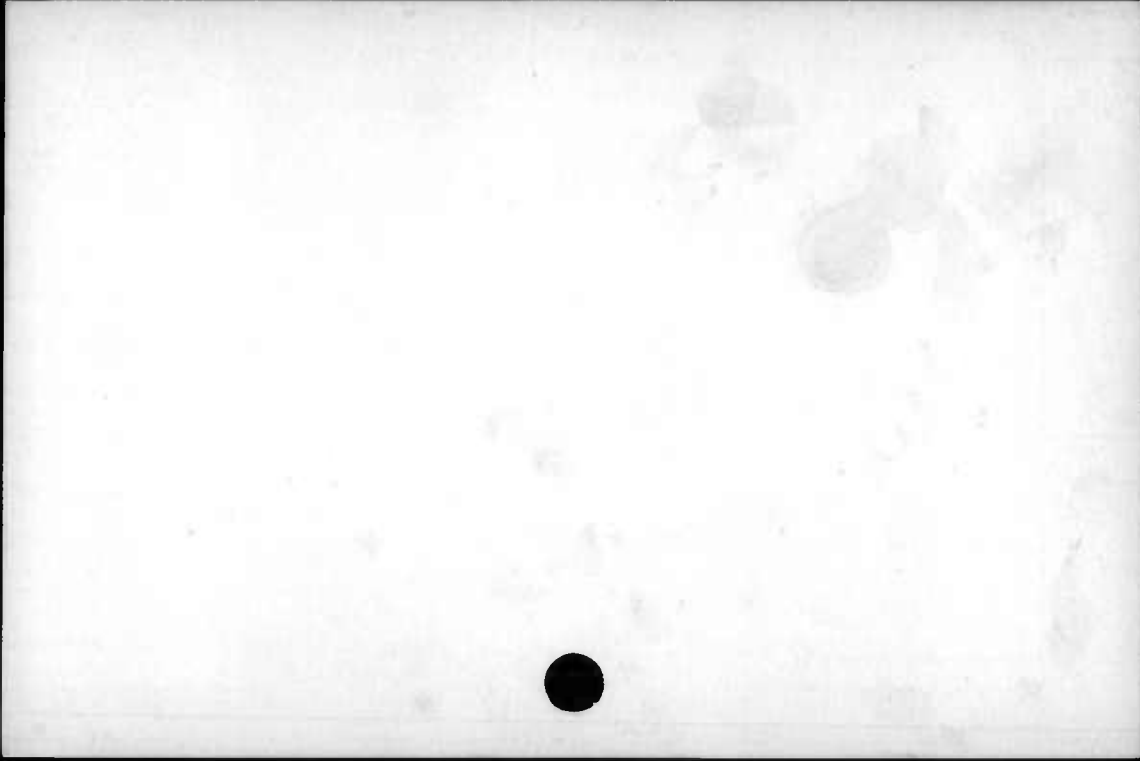
Died at <i>B. Alm</i> ^{Town} <i>Catonville</i> ^{County} <i>Balt</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>25th</i>	Age <i>79</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Carroll County</i>	
Occupation <i>None</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>unmarried</i>	Name of Wife or Husband		
Father's Name <i>James Heird</i>	Father's Birthplace <i>Pennsylvania</i>		
Mother's Maiden Name <i>Nancy Carter</i>	Mother's Birthplace <i>Balt County</i>		
Name of person giving information <i>E. L. G. Meillon</i>	How related to deceased <i>Brother-in-law</i>		

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary <i>hypertension</i>	How long <i>9 days</i>
Immediate <i>collapse "stroke"</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Chas. Macgill</i>
	Address <i>Catonville</i>
Accident or Suicide?	



Name
in
Full

Fannie L. Henderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

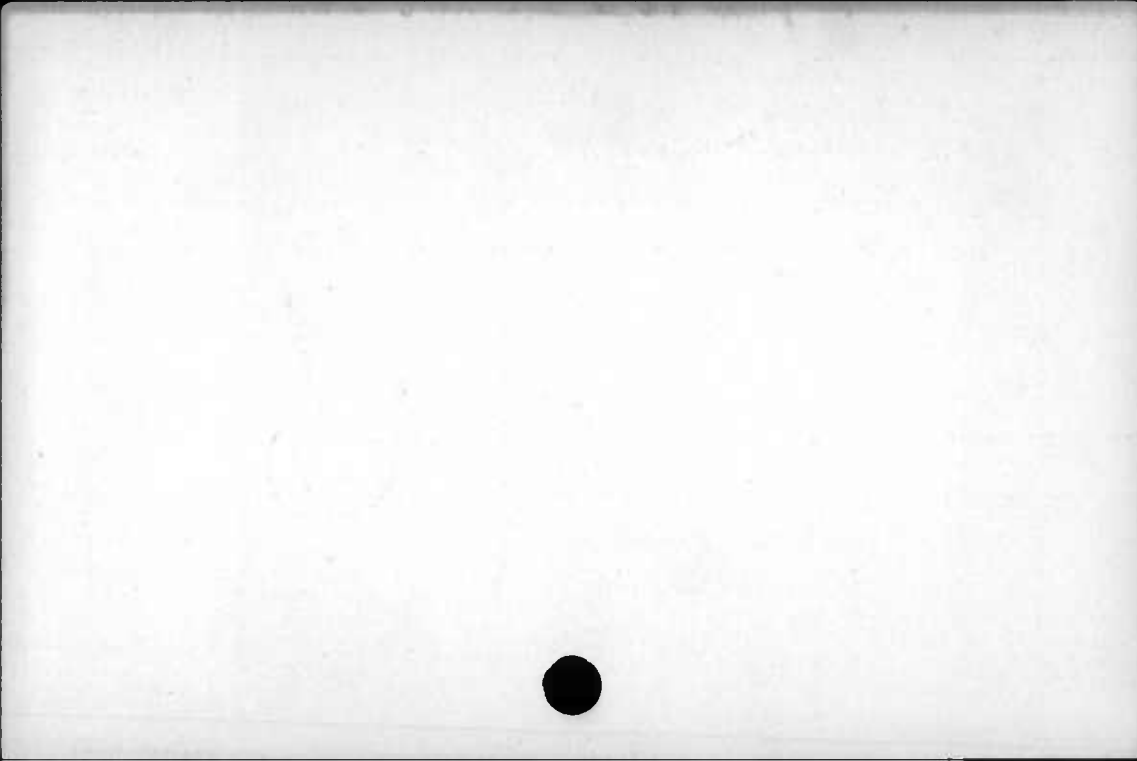
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		July	19	36	✓	11	
Sex	Female		Color or Race	white		Birth-place	Ind
Occupation	House wife		Where Residing if not at place of death		Same		
Married, Single or Widowed	Married		Name of Wife or Husband	Luther G. Henderson			
Father's Name	Wesley Whitaker				Father's Birthplace	Ind	
Mother's Maiden Name	Josephine Black				Mother's Birthplace	Ind	
Name of person giving information	J. G. Henderson				How related to deceased	Husband	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis of Lungs		How long	5 Years
Immediate	"		How long	" "
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. F. H. Gorman
			Address	Fork
Accident or Suicide?				Ind



Name
in
Full

Mrs. Mary Henline

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Balto. Co. ^{County} Annapolis

MARYLAND

Date of death 1908 7 Month 2 Day 80 Years Months Days

Sex Female Color or Race White Birth-place Md

Occupation Unknown Where Residing if not at place of death as above

Married, Single or Widowed Widow Name of Wife or Husband Unknown

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Dr. F. C. Bussey How related to deceased None

CAUSES OF DEATH

27

PHYSICIAN
OR CORONERPrimary Pulmonary Tuberculosis was sick when
& dilatation of heart admitted.

Immediate Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. F. C. Bussey

Address Texas Md

Accident or Suicide?

John Burns Sons

Towns

Alms House Cemetery

Salisbury Co. Mass.

Permit was issued at
this office, as it is
a fumigation case I
send this to you
R. L. Massenburg.

To Wm Ross Dayne

Leobett

Name in Full		Elizabeth Herple				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Year	Months	Days	
1908 July, 31 st				Age 86.			
Sex		Color or Race		Birth-place			
Female.		Wh.		Germany			
Occupation		Where Residing if not at place of death					
Housewife		942 Patterson Park/av.					
Married, Single or Widowed		Name of Wife or Husband					
Widow		Christian Herple					
Father's Name		Father's Birthplace					
Unknown		Unknown					
Mother's Maiden Name		Mother's Birthplace					
Unknown		Unknown					
Name of person giving information		How related to deceased					
Wm. Frederick		Son in Law					
		CAUSES OF DEATH		154			
Primary		old age		How long			
Immediate		Drop		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		J. L. Valentine M.D.					
		Address					
		16 S. Broadway					
Accident or Suicide?							

Baltimore Cemetery
August 21, 1908.

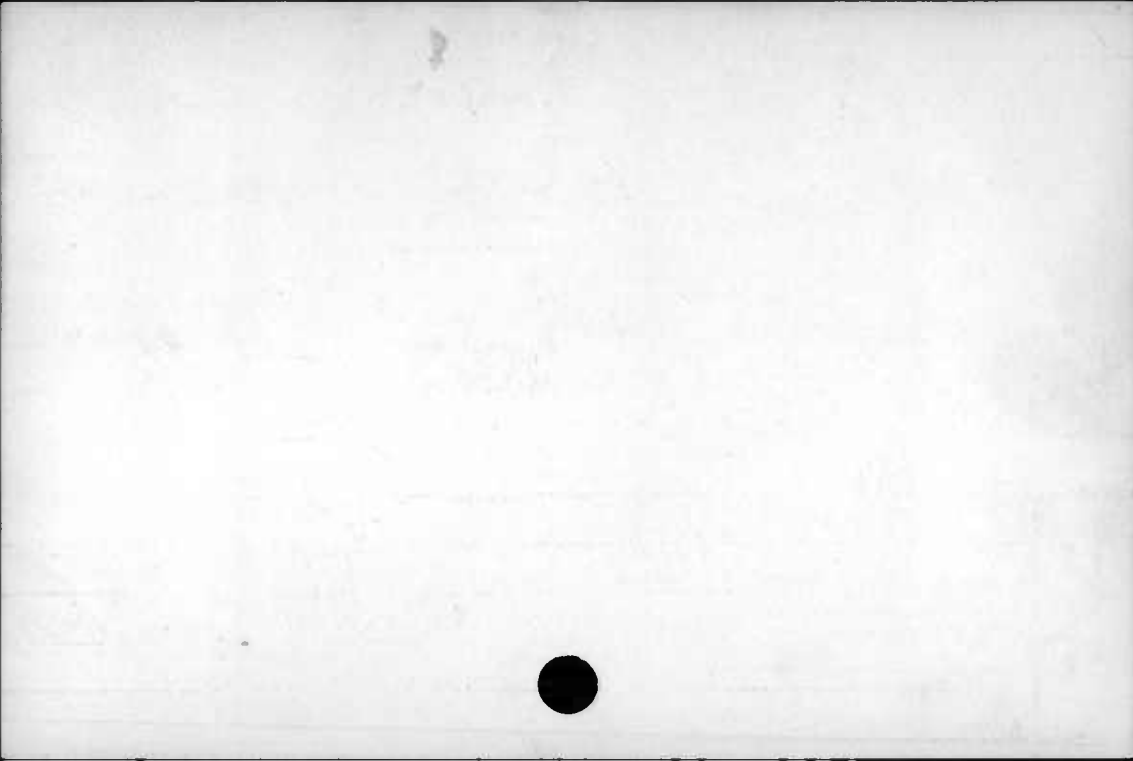
Wm Cook

507 E North Ave.

Name in Full <u>Hess</u>		Still born infant		CERTIFICATE OF DEATH	
Died at <u>Sparrows Point</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1908</u> ^{Month} <u>July</u> ^{Day} <u>19</u>		Age <u>—</u> ^{Years}		Months <u>—</u> Days <u>—</u>	
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Sparrows Point</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>John Hess</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Nettie Campbell</u>		Mother's Birthplace <u>Md.</u>			
Name of person giving information <u>Nettie Hess</u>		How related to deceased <u>mother</u>			
CAUSES OF DEATH					
Primary <u>still born</u>		How long <u>(S)</u>			
Immediate <u>premature birth</u>		How long <u>—</u>			
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>G. L. McCormick M.D.</u>			
<u>no</u>		Address <u>Sparrows Point</u>			
Accident or Suicide? <u>no</u>					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Lillian Hickey				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Alherton				Baltimore			
	Date of death		Month		Day		Age	
	1908		July		18.		Years	
							Months	
							Days	
Sex		Color or Race		Birth-place				
Female		White		Maryland				
Occupation		Where Residing if not at place of death						
none		Alherton						
Married, Single or Widowed		Name of Wife or Husband						
Single		none						
Father's Name		Father's Birthplace						
William Hickey		Maryland						
Mother's Maiden Name		Mother's Birthplace						
Annier Green		Maryland						
Name of person giving information		How related to deceased						
William Hickey		Farther						
		CAUSES OF DEATH		151				
PHYSICIAN OR CORONER	Primary		How long					
	Marasmus		Several months					
	Immediate		How long					
	General Asthenia		Week					
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		Frank O. Miller, M.D.						
		Address						
		Elliott City, Md.						
Accident or Suicide?								
No								
LIBRARY BUREAU A88616								

Easton Sons.
Catholic Cemetery Alberton.

Name
in
Full

Mary Francis Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

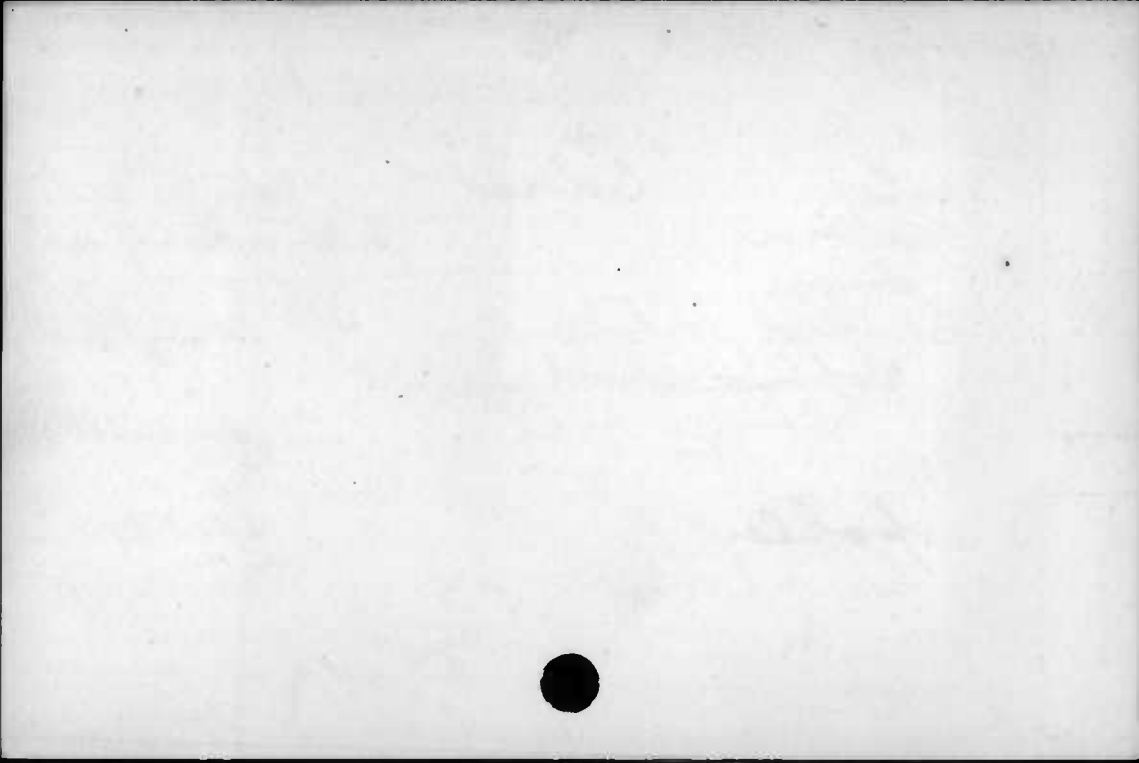
Died at <u>Catonsville</u> <small>Town</small>		<u>Balt</u> <small>County</small>		MARYLAND	
Date of death	1908	Month	July	Day	19
Sex	Female	Color or Race	Col'd	Months	6
Occupation	None	Age	—	Days	6
Where Residing if not at place of death		Birth-place <u>Baltimore City</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Cornelius Wellings</u>		Father's Birthplace <u>Catonsville</u>			
Mother's Maiden Name <u>Fannie Hill</u>		Mother's Birthplace <u>Virginia</u>			
Name of person giving information <u>Geo Robinson</u>		How related to deceased <u>None</u>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<u>Marasmus</u>	How long	<u>1 month</u>
Immediate	<u>Exhaustion</u>	How long	<u>.</u>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician <u>B. M. Campbell</u>	
<u>8</u>		Address <u>Catonsville Md</u>	
Accident or Suicide?			



Name
in
Full

Samuel Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

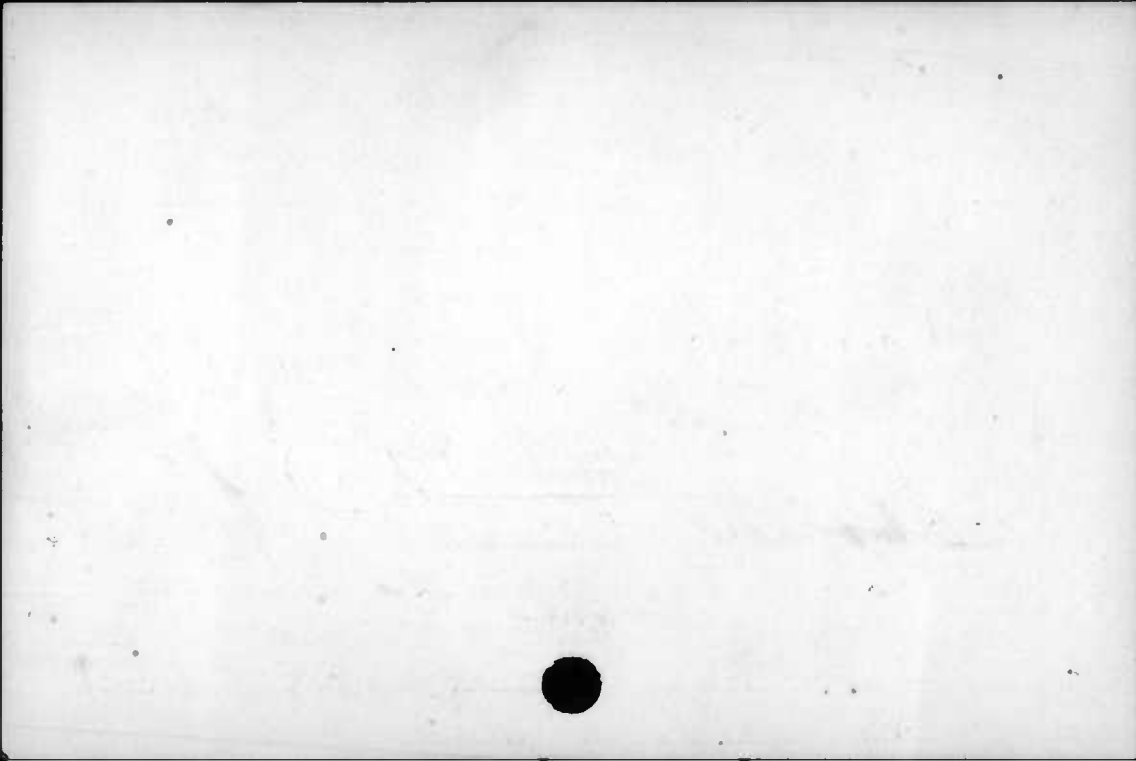
Died at <i>Fork</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>16</i>	Age <i>75</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Balto. Co. Md.</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Baltimore City Md.</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Edward Hill</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Sophia Hawkins</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>George Hill</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>few hours to</i>
Immediate <i>heart failure</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. F. G. G. G.</i>
	Address <i>Fork Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

William Still

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

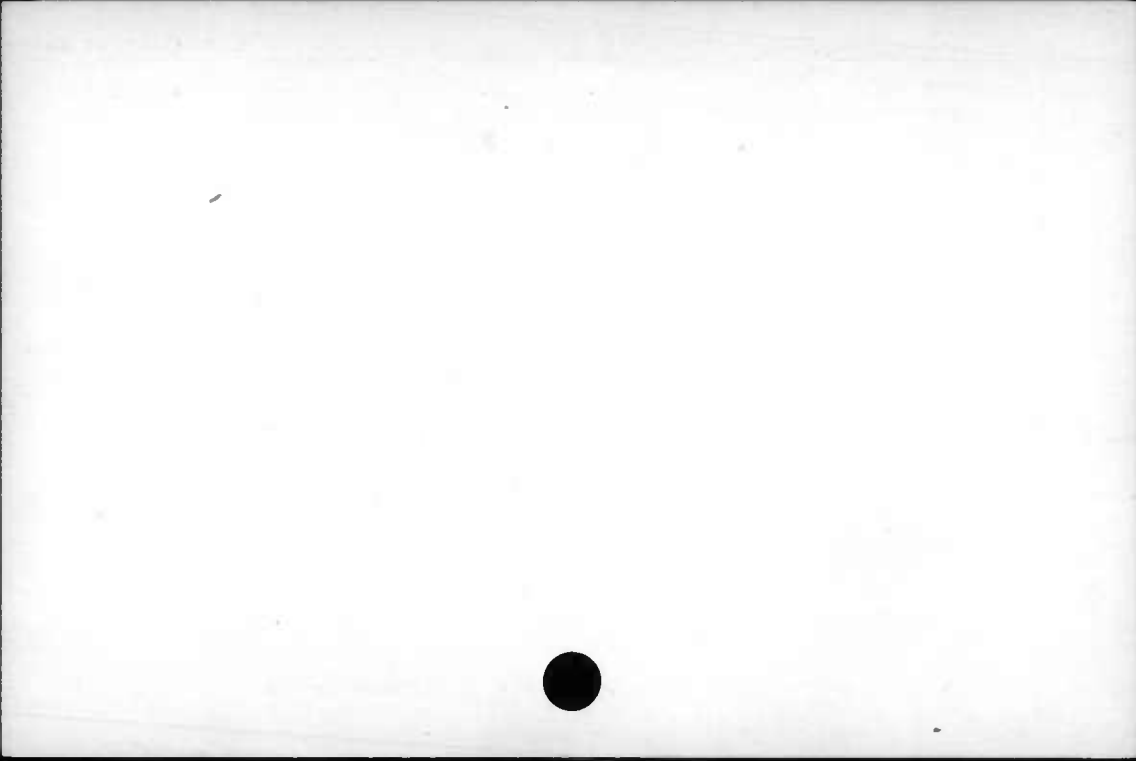
Died at		Town Mt Wilson		County Baltimore		MARYLAND	
Date of death		1908	Month July	Day 22	Age —	Months 2	Days —
Sex male		Color or Race col.		Birth- place Baltimore			
Occupation N. York.		Where Residing if not et place of death Mt Wilson		Baltimore			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Columbus Still		Father's Birthplace Unknown					
Mother's Maiden Name Unknown		Mother's Birthplace "					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Malaria toxin -	How long	1 mo
Immediate	Sypticemic decomposition	How long	20 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. Knapp, M.D.	
		Address Mt Wilson Balt. Co.	
Accident or Suicide			



Name
in
Full

George Holsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westmans		County Balto		MARYLAND	
Date of death		1908	Month July	Day 6	Age Years One	Months —	Days —
Sex male		Color or Race white		Birth- place Md			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name John Holsey		Father's Birthplace Md					
Mother's Maiden Name Margaret Birmingham		Mother's Birthplace Md					
Name of person giving In formation John Holsey		How related to deceased father					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Acute Iles Colitis	How long	12 days
Immediate	Broncho Pneumonia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		Geo. S. M. Kieffer	
Address		Mmell Park	
Accident or Suicide?			

CW bill & son

mt Oliver Canada

Name
in
Full

Richard Hook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pimlico</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1908	Month	7	Day	18
Age		Years		Months	Days
30					
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Birth-place	<i>Balti. Co</i>				
Occupation	<i>Laborer</i>		Where Residing if not at place of death		
<i>Pimlico</i>					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name		<i>Rudolph Hook</i>			
Mother's Maiden Name		<i>Sarah Boggs</i>			
Name of person giving information		<i>Sarah Boggs</i>			
Father's Birthplace		<i>Balto. Co</i>			
Mother's Birthplace		<i>Balti. Co</i>			
How related to deceased		<i>Mother</i>			

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<i>Gastro Enteritis</i>	How long	<i>Three weeks</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Edwin E. Jones</i>	
		Address	
		<i>Arlington</i>	
		<i>Maryland</i>	
Accident or Suicide?			

Jacob H. Knapp
McKendree Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

(Infant. Still Birth.) Howard

Died at ^{Town} Cockeysville ^{County} Balto. MARYLAND

Date of death 1908 ^{Month} 7 ^{Day} 4 Age ^{Years} ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Ind.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Benj. H. Howard Father's Birthplace Ind.

Mother's Maiden Name Ella May Sears Mother's Birthplace Ind.

Name of person giving information Benj. H. Howard How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

(Still Birth.)

How long

Immediate

(Due to Varicose Veins.)

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Wilbur C. Egan M.D.

Address

Cockeysville
Ind.

8

Accident or Suicide?

To be
Buried July 5 /08 at
Paplar M. E. Cemetery, Ind.
by. Benj. H. Howard.
(Father.)

Name
In
Full

Eliza Jane Hyland

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Preston town		County Baltimore		MARYLAND	
Date of death	1908	Month July	Day 30	Age 77	Years	Months	Days
Sex	Female		Color or Race	white		Birth- place	Hayton Ohio
Occupation	Hwy			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	William L. Hyland			
Father's Name	William Machier				Father's Birthplace	Va.	
Mother's Maiden Name	Elizabeth Munn				Mother's Birthplace	Va.	
Name of person giving In formation	Bessie Hyland				How related to deceased	Daughter	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	General Debility	How long	1 yr.
Immediate	Corra	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		H. W. Slader	
		Address	
		Preston town Md	
Accident or Suicide?			



Name
in
Full

Rosa H. Duke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Smulleton* ^{County} *Baileys* **MARYLAND**
 Date of death *1908* ^{Month} *July* ^{Day} *5* ^{Age} *-* ^{Years} *-* ^{Months} *1* ^{Days} *-*
 Sex *Female* Color or Race *white* Birth-place *md*
 Occupation *-* Where Residing if not at place of death *-*

Married, Single or Widowed *-* Name of Wife or Husband *-*
 Father's Name *Fred Duke* Father's Birthplace *Germany*
 Mother's Maiden Name *- Unknown* Mother's Birthplace *Germany*
 Name of person giving information *Albert Duke* How related to deceased *Son*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Infection* How long *2 weeks*

Immediate *-*

Are the name, age, sex, color, date and place correctly given above? *-*

Signature of Physician

Address

Accident or Suicide? *-*

Ex Terment

Mt Carmel

Cent

Geo. W. Grauman

undertaker

Name
in
Full

CERTIFICATE OF DEATH

Ryland J Stro

TO BE ANSWERED BY
NEAREST FRIEND

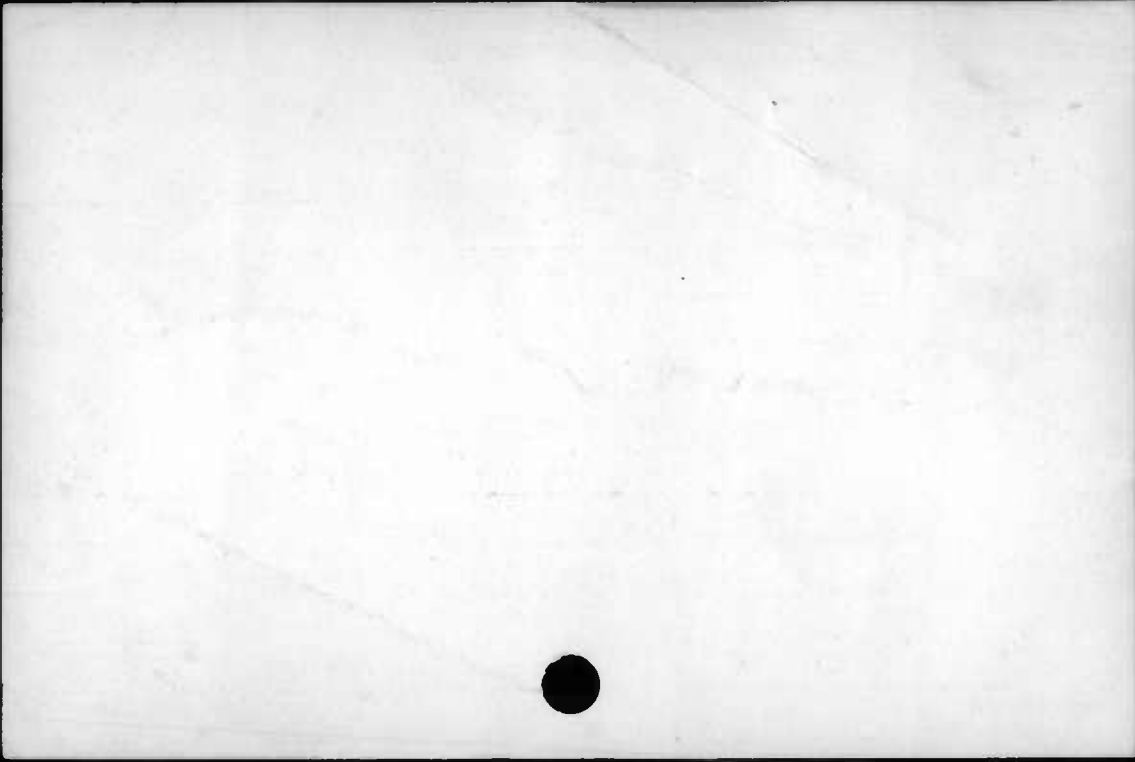
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		July	22	Age 22			
Sex	Color or Race		Birth-place				
Male	Colored		Dont know				
Occupation	Where Residing if not at place of death						
Laborer	Sparrow Point						
Married, Single	Name of Wife or Husband						
Single	Isabella Snowden						
Father's Name	Father's Birthplace						
Dont know	Dont know						
Mother's Maiden Name	Mother's Birthplace						
Dont know	Dont know						
Name of person giving information	How related to deceased						
Chas M. Snider							

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	Accidental Drowning	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
		3336 E. Balto St
Accident or Suicide		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Douglas Johnson
Glynden ^{Town} Balto ^{County}

MARYLAND

Date

of death

1908 July 13

Age

Years

Months

Days

Sex

Male

Color or
Race

Reddressed

Birth-
place

Balto. Co. Md.

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

None

Name of Wife or
HusbandFather's
Name

Edward Johnson

Father's
Birthplace

Carroll Co. Md.

Mother's
Maiden Name

Mellie Parker

Mother's
Birthplace

Balto Co Md.

Name of person giving
Information

Edward Johnson

How related
to deceased

Father

CAUSES OF DEATH

179

Primary

Mucosum

How long

3 or 4 mos.

Immediate

diarrhea

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

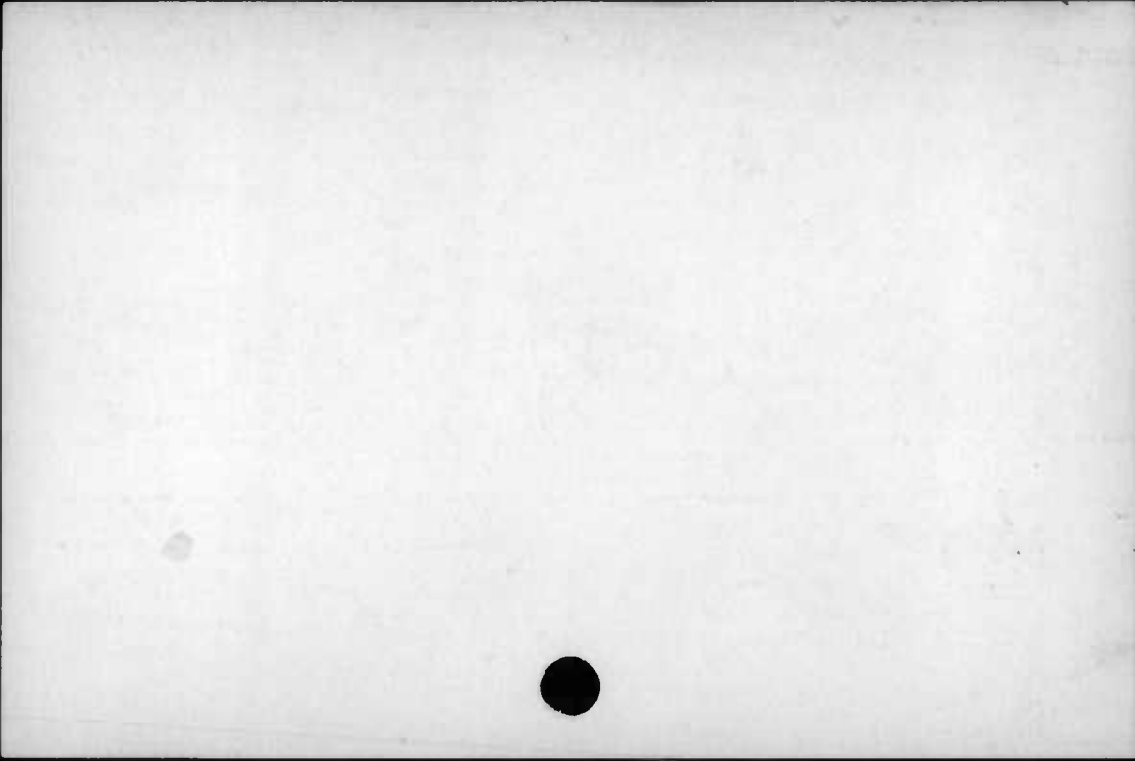
J. R. R. R. R.

Address

Glynden

Accident or Suicide?

PHYSICIAN
OR CORONER



Name

in
Full

Infant of Robert & Nettie Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		July	20	5		Stillborn	
Sex		Color or Race		Birth-place			
Female		White		Violetville			
Occupation				Where Residing if not at place of death			
—				"			
Married, Single or Widowed				Name of Wife or Husband			
—				—			
Father's Name				Father's Birthplace			
Robert Johnson				Balt			
Mother's Maiden Name				Mother's Birthplace			
Nettie Coleman				Balt			
Name of person giving information				How related to deceased			
Robert Johnson				Fath.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Prematurity	How long	8 Mo.
Immediate	Antepartum Hemorrhage	How long	2 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H. W. Jones M.D.	
No		Address	
No		Irvington	
Accident or Suicide?			
No			

Chas. W. Will
London Park.

Name
in
Full

Wm. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wallis</i> ^{Town}		<i>Balls</i> ^{County}		MARYLAND	
Date of death 1908	<i>July</i> ^{Month}	<i>6</i> ^{Day}	Age <i>0</i> ^{Years}	<i>0</i> ^{Months}	<i>9</i> ^{Days}
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>md</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Floyd C. Johnson</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Mary Perubert</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Floyd C. Johnson</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tetanus</i>	How long <i>4 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John W. Johnson M.D.</i>
	Address <i>Middle River, Md.</i>
Accident or Suicide?	



Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emory Grove</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 1908	<i>July</i> ^{Month}	<i>23</i> ^{Day}	Age <i>1</i> ^{Years}	<i>6</i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore Md.</i>		
Married, Single or Widowed <i></i>			Occupation <i></i>		
Name of Wife or Husband <i></i>					
Father's Name <i>Edward O. Jones</i>			Father's Birthplace <i>Baltimore Md</i>		
Mother's Maiden Name <i>Jessie Robinson</i>			Mother's Birthplace <i>Baltimore Md</i>		
Name of person giving information <i>Miss Grace Robinson</i>			How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Stiv-6oalitis</i>	How long <i>8 days</i>
Immediate <i>Meningeal Complication</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos Price</i>
	Address <i>Glyndon Md</i>
Accident or Suicide? <i>X</i>	

Interment Loudon Park
Cemetery Baltimore Md
Stewart & Mowen Co.,
215 Park ave
Baltimore Md.

Name in Full		Philip Williams Jones				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Towson		County Balto.		MARYLAND	
	Date of death	1908	Month July	Day 8	Age 57	Years 6	Months Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Druggist		Where Residing if not at place of death		Towson	
	Married, Single or Widowed	Single		Name of Wife or Husband		None	
	Father's Name	John W. Jones				Father's Birthplace	Woodstock Va.
	Mother's Maiden Name	Elizabeth Chipley				Mother's Birthplace	Woodstock Va.
Name of person giving information	Annie Jones				How related to deceased	Sister	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Chronic Nephritis				How long	One year
	Immediate	Anæmia				How long	10 days
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	M. A. Fair	
	yes				Address	12 E 25th Balto Md.	
	Accident or Suicide?						

John Burns Sons
London.

Prospect Hill Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Kane</i>		Town <i>Mt Hope</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Mt Hope</i>		Month <i>July</i>		Day <i>6th</i>		Years <i>31</i>	
Date of death <i>1908</i>		Month <i>July</i>		Day <i>6th</i>		Years <i>31</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>not known</i>			
Occupation <i></i>				Where Residing If not at place of death <i>Fitchburg Mass</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>not known</i>				Father's Birthplace <i></i>			
Mother's Maiden Name <i></i>				Mother's Birthplace <i></i>			
Name of person giving information <i>Reeds Mt Hope</i>				How related to deceased <i>not at all</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Mania Obs.</i>		How long <i>over 3 yrs.</i>	
Immediate <i>Ex. Apoplexy - New Stroke</i>		How long <i>11 hrs.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank J. Flannery</i>	
		Address <i>Mt Hope</i>	
Accident or Suicide? <i></i>		Sub Registrar <i></i>	





Name
in
Full

John Fred Keller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Blenham</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1908	Month <i>July</i>	Day <i>4</i>	Age <i>28</i>	Years	Months <i>10</i>	Days <i>25</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>Baltimore</i>				
Occupation <i>Student</i>			Where Residing if not at place of death <i>Baltimore</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —					
Father's Name <i>Fred. Keller</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Georgia Weiss</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving In formation <i>Albert Keller</i>				How related to deceased <i>brother</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>Five years</i>
Immediate <i>General</i>	How long <i>One year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John A. Shear</i>
	Address <i>Stellings</i>
Accident or Suicide <i>Accident</i>	<i>md 10</i>

Wendell Dippel & Son
330 S. Bond.

Holy Redeemer Church

Burial Permit - was issued
from this Office, but as it
is a fumigation case I
send to you to do it - as it
is in your district

R. C. Massenburg Ft. D.

To
Dr J. F. H. Gorsuch

Name
in FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

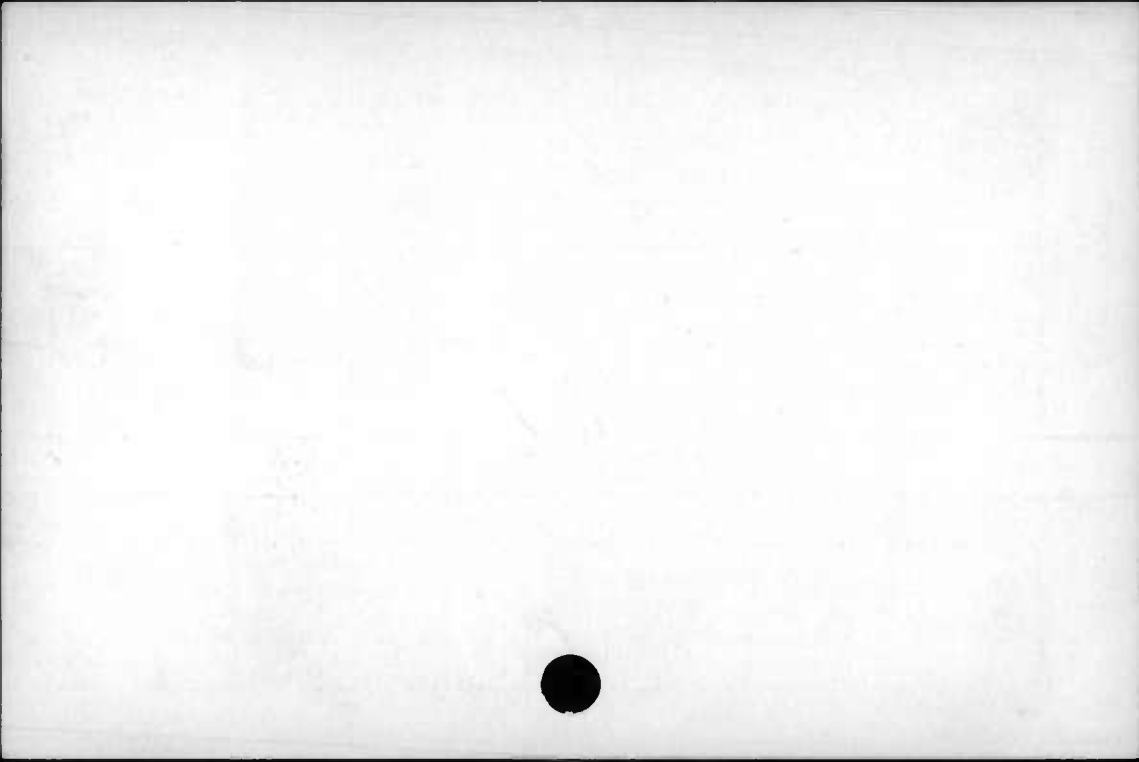
CERTIFICATE OF DEATH

Died at <i>Principia</i> Town <i>Balto</i> County		MARYLAND	
Date of death 190 <i>8</i> Month <i>7</i> Day <i>28</i> Age <i>1</i> Years Months <i>1</i> Days <i>1</i>	Sex <i>Male</i> Color or Race <i>White</i> Birth-place <i>Balto Co Md.</i>	Occupation <i>None</i> Where Residing if not at place of death <i>Hagerman Ave. Pundia Md.</i>	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Phillip M. Kell</i>	Father's Birthplace <i>Balto City</i>		
Mother's Maiden Name <i>Tracy Fillingim</i>	Mother's Birthplace <i>Balto City</i>		
Name of person giving information <i>Phillip Kell</i>	How related to deceased <i>Father</i>		

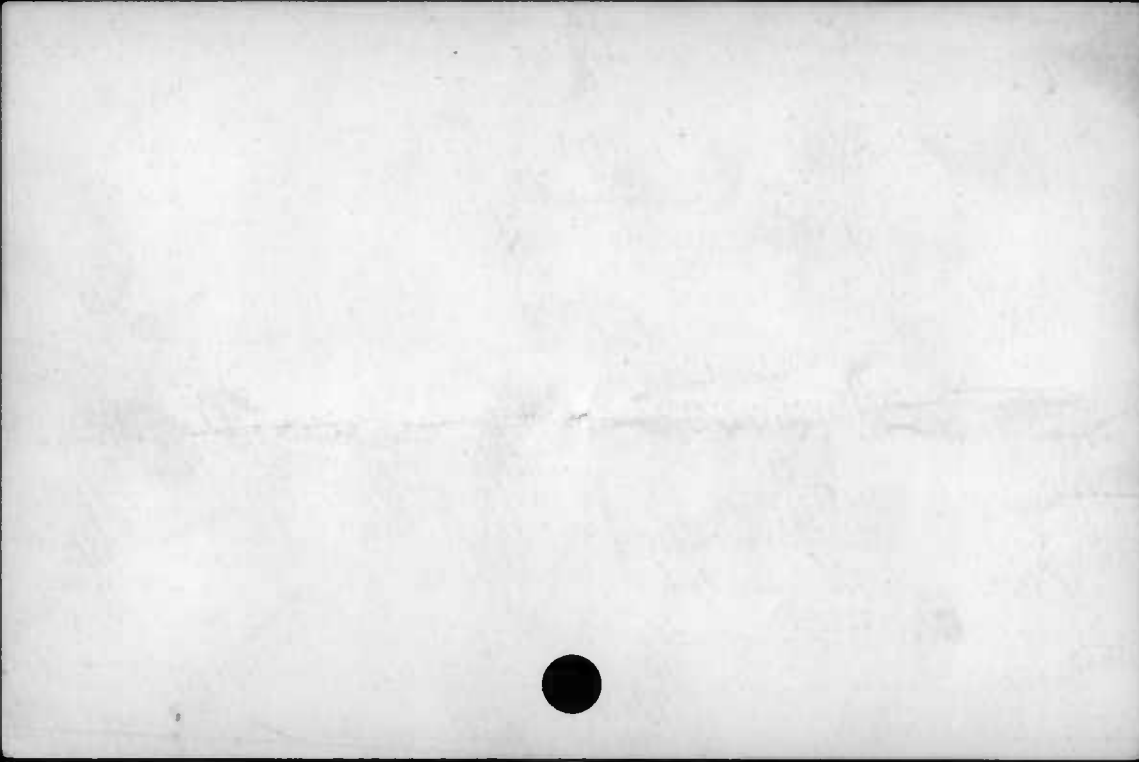
CAUSES OF DEATH

(179)

Primary <i>Transition</i>	How long <i>Seven weeks</i>
Immediate <i>Cyanosis</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. F. Aug. M.D.</i>
	Address <i>2466 Drexel Ave. Baltimore</i>
Accident or Suicide?	



Name in Full		Helen M. Kerger-				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Grays Town		Baltimore County		MARYLAND	
	Date of death	1908	July	6	Age	2	Months 10 Days —
	Sex	Female		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Joseph Kerger				Father's Birthplace	Howard Co.
	Mother's Maiden Name	Mamie Carey				Mother's Birthplace	Howard Co.
Name of person giving information	Denis Carey				How related to deceased	Cousins.	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">172</div>							
PHYSICIAN OR CORONER	Primary	Drowning				How long	
	Immediate	Drowning				How long	Immediate
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
	Accident or Suicide?		Accidents		Address		
				John M. Bone Coroner			
				Ellicott City Md			



Name in Full		Margaret Marie Kistner				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Pleasanton	County Balto		MARYLAND						
		Date of death	1908	Month	7	Day	1	Age	Years	Months	8	Days	
		Sex	Female		Color or Race	White		Birth-place	Balto Co				
		Occupation	NO			Where Residing if not at place of death			Highlandtown Md				
		Married, Single or Widowed	Single		Name of Wife or Husband								
		Father's Name	Henry Kistner			Father's Birthplace			Balto Co				
		Mother's Maiden Name	Annie Osa			Mother's Birthplace			Germany				
		Name of person giving information			Annie Kistner			How related to deceased			Sister		
		CAUSES OF DEATH						(105)					
PHYSICIAN OR CORONER		Primary		Cholera Infantum				How long		1 week			
		Immediate		Exhaustion Diarrhoea				How long		24 hours			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Jas L. Graym?					
				Address		3 and 4th							
		Accident or Suicide?		NO				Highlandtown Md					

Mt Carmel Penn
Herwig Jan
7/2/08

Name
in
Full

Henry Knight Colored

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

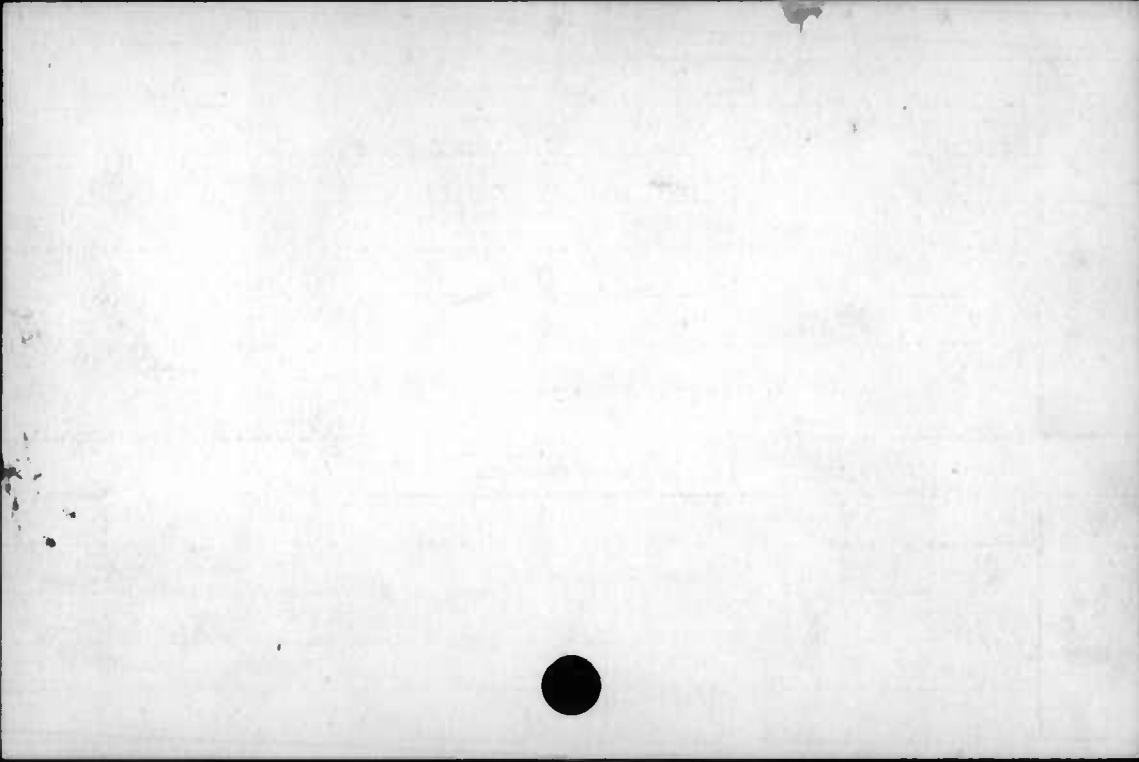
Died at <u>Sparrows Point</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Month} <u>July</u> ^{Day} <u>15th</u>	Age <u>40</u> ^{Years}		<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>Negro</u>	Birth-place	<u>Va.</u>
Occupation	<u>Laborer</u>		Where Residing if not at place of death <u>In Baltimore</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>Serena Knight</u>			
Father's Name	<u>Peter Knight</u>			Father's Birthplace	<u>Va.</u>
Mother's Maiden Name	<u>Anne Knight</u>			Mother's Birthplace	<u>Va.</u>
Name of person giving information	<u>John Knight</u>			How related to deceased	<u>Cousin</u>

CAUSES OF DEATH

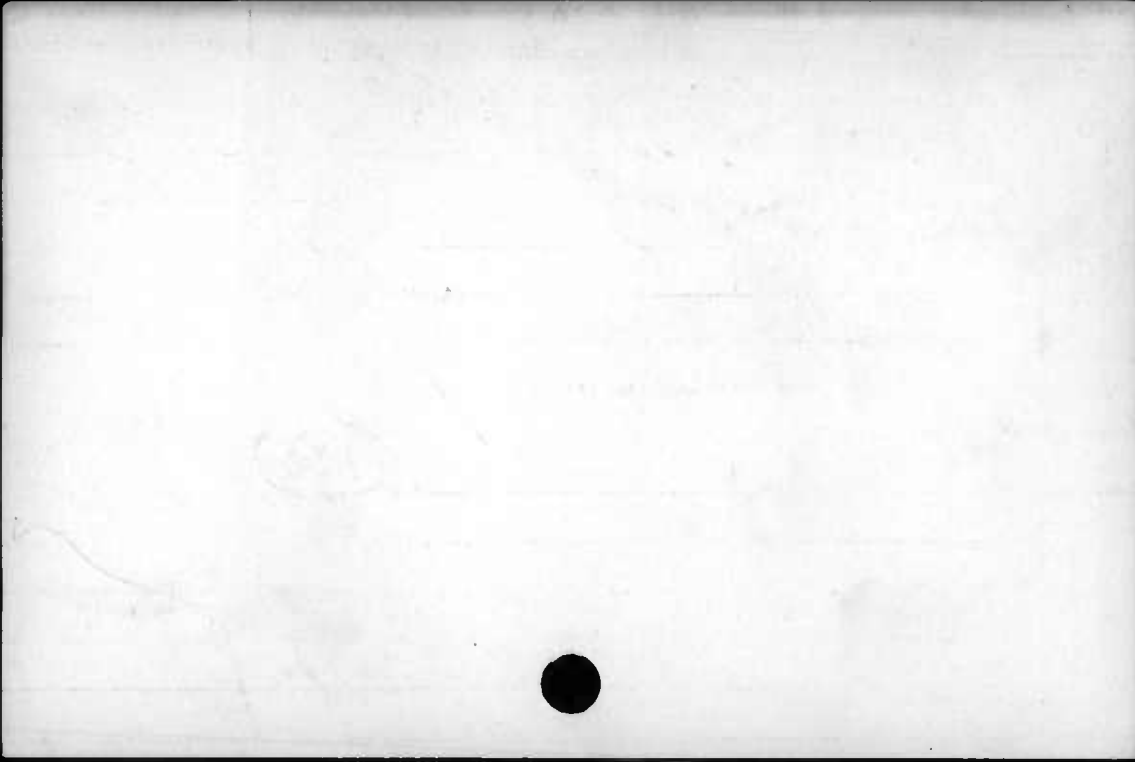
164

PHYSICIAN
OR CORONER

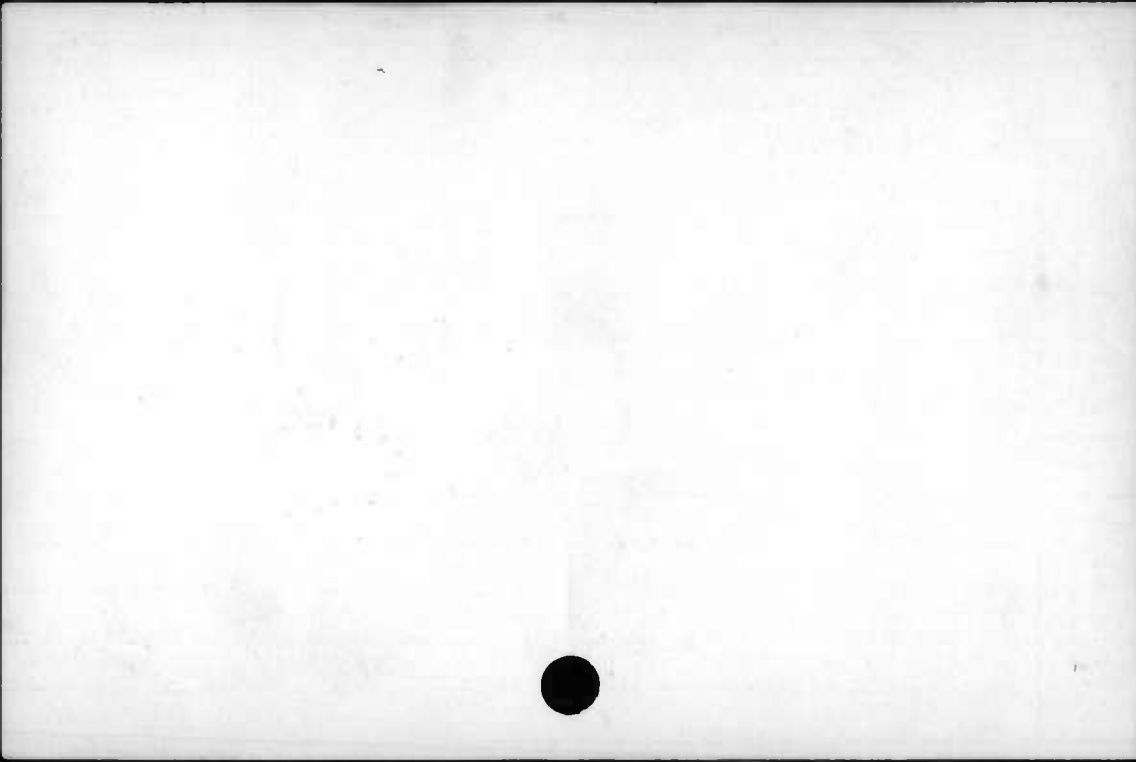
Primary	<u>Skull Crushed - by</u>	How long	<u>—</u>
Immediate	<u>a fall of 20 ft. or more</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>John R. Holby, J. P.</u>
		Address	<u>3518 Bank St</u> <u>Highlandtown</u>
Accident or Suicide? <u>Accident</u>			



Name in Full		Jessie Koop.				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town M. H. Wilson		County Baltimore		MARYLAND		
	Date of death		190	Month July	Day 11	Age —	Years —	Months 3	Days —
	Sex female		Color or Race White		Birth-place Baltimore				
	Occupation M. H. Wilson				Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband						
	Father's Name James Koop				Father's Birthplace Unknown				
	Mother's Maiden Name Unknown				Mother's Birthplace —				
	Name of person giving information				How related to deceased —				
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary Mental deterioration				How long 1222				
	Immediate Suppurative pneumonia				How long 1 week				
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician J. B. Knut Jr. M.D.				
					Address 712 N. Wilson Ind.				
Accident or Suicide?									



Name in Full Elizabeth Koppelman		CERTIFICATE OF DEATH	
Died at Roseau Town Baets County		MARYLAND	
Date of death 1908 Month July Day 23 Age — Years — Months — Days 20			
Sex Female Color or Race white Birth-place —			
Occupation — Where Residing if not at place of death —			
Married, Single or Widowed — Name of Wife or Husband —			
Father's Name Geob. Koppelman Father's Birthplace md			
Mother's Maiden Name Carrie Freund Mother's Birthplace md			
Name of person giving information Harry Freund How related to deceased Uncle			
CAUSES OF DEATH 151			
Primary Insanition How long 16 days			
Immediate — How long —			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Lo V. V. V.	
Address Roseau		md	
Accident or Suicide? —			



Name
in
Full

Annie Kortee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

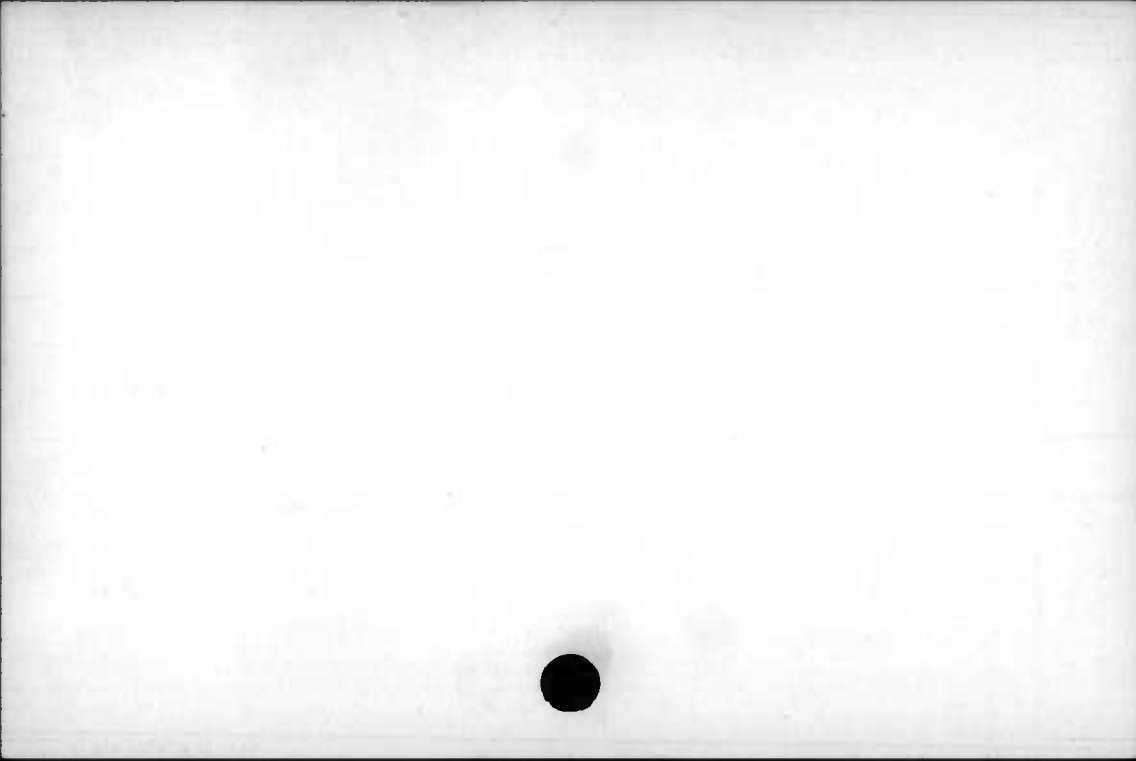
Died at <i>Catonsville</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>7</i>	Age <i>20</i>	Years	Months	Days	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Catonsville Md</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Catonsville Md</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Henry Kortee</i>						
Father's Name <i>Herman Frayka</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Mary Holtzman</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>Henry Kortee</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

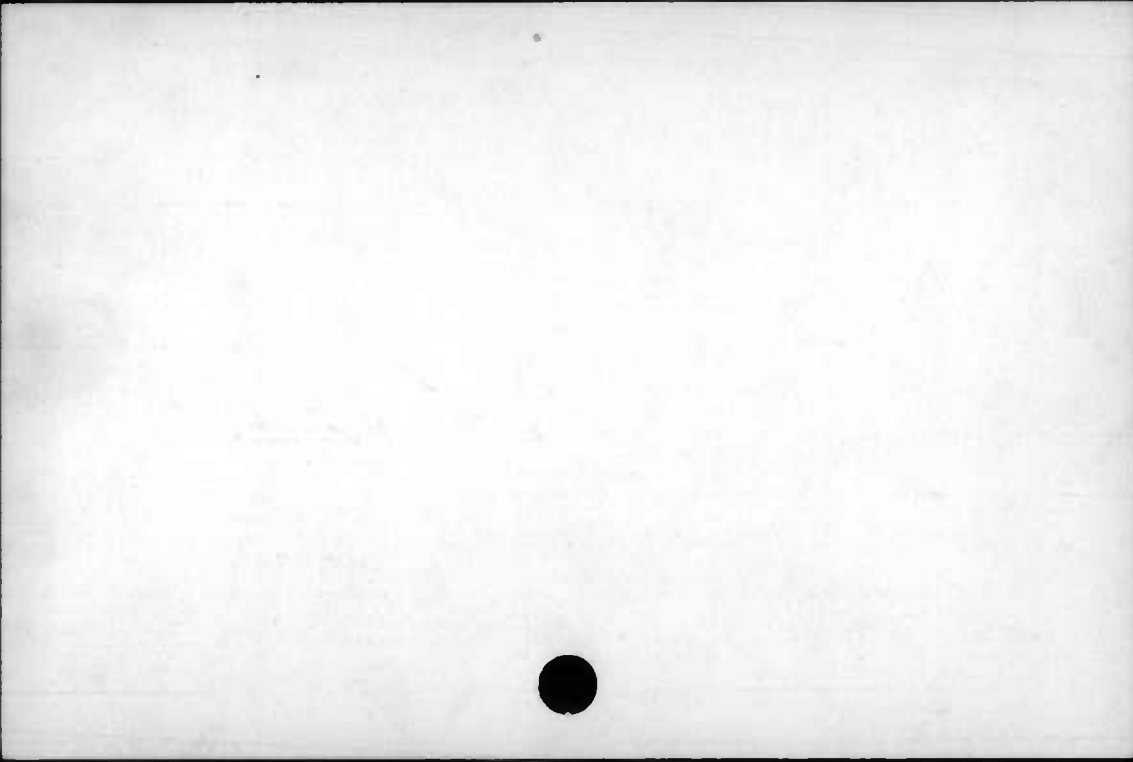
27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>9 mos</i>
Immediate <i>Hemorrhage (Lungs)</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Marshall B West</i>
	Address <i>Catonsville Md, 1st District</i>
Accident or Suicide? <i>8</i>	



Name in Full		John H. Kratz				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Lansdowne		County Baltimore		MARYLAND				
	Date of death		1908	Month July	Day 15	Wednesday	Age	27	Years	Months 1	Days 21
	Sex		Male		Color or Race W		Birth-place		Md.		
	Occupation		Farmer		Where Residing if not at place of death		Md.				
	Married, Single or Widower		Single		Name of Wife or Husband						
	Father's Name		Conrad Kratz		Father's Birthplace		Md.				
PHYSICIAN OR CORONER	Mother's Maiden Name		Elizabeth Bing		Mother's Birthplace		Md.				
	Name of person giving information		Sophia Bing		How related to deceased		Aunt				
	CAUSES OF DEATH						159				
	Primary		Pistol shot wound above right temple				How long				
	Immediate						How long				
Are the name, age, sex, color, date and place correctly given above?		They are		Signature of Physician		Joseph A. Neumayer Coroner					
Accident or Suicide?		Suicide		Address		Box 56, Rosburg Md. R. F. D.					



Name

in
Full

CERTIFICATE OF DEATH

Child of Henry & Jennie Kreafla.

Town

County

MARYLAND

Died at

Brrington

Balto

Date

Month

Day

Years

Months

Days

of death

1908 July

6

Age

Sex

Female

Color or
Race

White

Birth
place

Brrington

Occupation

Where Residing if not
at place of death

Brrington

Married; Single

Name of Wife or
HusbandFather's
Name

Henry Kreafla

Father's
Birthplace

Balto Co.

Mother's
Maiden Name

Jennie Kreafla

Mother's
Birthplace

"

Name of person giving
information

Henry Kreafla

How related
to deceased

father

CAUSES OF DEATH

Primary

Apparent Perme on Cord

How long

24 hrs

Immediate

Still born

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

C. H. Beeton

Address

Mt Washington

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

William Cook
Nov E. 24th

Dr. Mattfeld—

Name
in
Full

Leo. Joseph Lambdin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bellefonte</i>		County <i>Balto County</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		July	9	8 mo.	8		
Sex		Color or Race		Birth-place			
Boy		White		Holbrook St.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
John Lambdin				Baltimore			
Mother's Maiden Name				Mother's Birthplace			
Mollie Preller				Batto.			
Name of person giving information				How related to deceased			
E. Preller				Grand Mother			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Gastric-Enteritis</i>	How long	<i>2 weeks</i>
Immediate	<i>Transfusion & Malnutrition</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Dr. J. J. Buck</i>	
		Address	
		<i>2844 S. Paul St.</i>	
Accident or Suicide?			
<i>No</i>			

Henry Hoek & Son

Holy Redeemer Cemetery.

Name
in
Full

Charles Lewis.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Wilson		County Baltimore		MARYLAND	
Date of death 190		Month July	Day 16	Age —	Years	Months 5	Days —
Sex Male		Color or Race White		Birth-place Baltimore			
Occupation Infant.				Where Residing if not at place of death 616 N. Calvert St.			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Charles Lewis				Father's Birthplace Unknown			
Mother's Maiden Name Unknown				Mother's Birthplace —			
Name of person giving Information				How related to deceased —			


CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Malnutrition.	How long	4 mo
Immediate	Dyspeptic diarrhoea.	How long	2 weeks.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Jones Jr M.D.	
		Address Mt Wilson Baltimore	
Accident or Suicide			



Name in Full		MAY 1908				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Highlandtown</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND		
	Date of death <i>1908</i> ^{Month} <i>July</i> ^{Day} <i>1st</i> ^{Years} <i>1</i>		<i>5</i> ^{Months}		<i>9</i> ^{Days}		
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balto. Co.</i>				
	Occupation <i>None</i>	Where Residing if not at place of death <i>None</i>					
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband					
	Father's Name <i>Jos. L. Limmer</i>	Father's Birthplace <i>Balto. Cld.</i>					
	Mother's Maiden Name <i>Cath Barnickel</i>	Mother's Birthplace <i>Germany</i>					
	Name of person giving information <i>Jos. L. Limmer</i>	How related to deceased <i>Father</i>					
PHYSICIAN OR CORONER	<div> <i>Fell from ladder to ground, striking head.</i> <div>CAUSES OF DEATH</div> <div><i>166</i></div> </div>						
	Primary <i>Emulsion Brain</i>	How long <i>1 day</i>					
	Immediate <i>Convulsions</i>	How long <i>4 hours</i>					
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Pierre S. Dausch</i>					
		Address <i>126 Jackson Square</i>					
		<i>M. W. S. Dausch M.D. Coroner</i>					
Accident or Suicide? <i>accident</i>							

B 48 Dough

Giles & Lilly -
Sacred Heart
Cemetery.

July 3rd. / 1908.

Name
in
Full

Hildreth Ella Lowe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dickayville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Year}	<i>July</i> ^{Month}	<i>23</i> ^{Day}	Age <i>—</i> ^{Years}	<i>11</i> ^{Months}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balto-C</i>			
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Wallace F. Lowe</i>	Father's Birthplace <i>Va</i>				
Mother's Maiden Name <i>Mary C. Norton</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>W. C. Lowe</i>	How related to deceased <i>mother</i>				

CAUSES OF DEATH

105

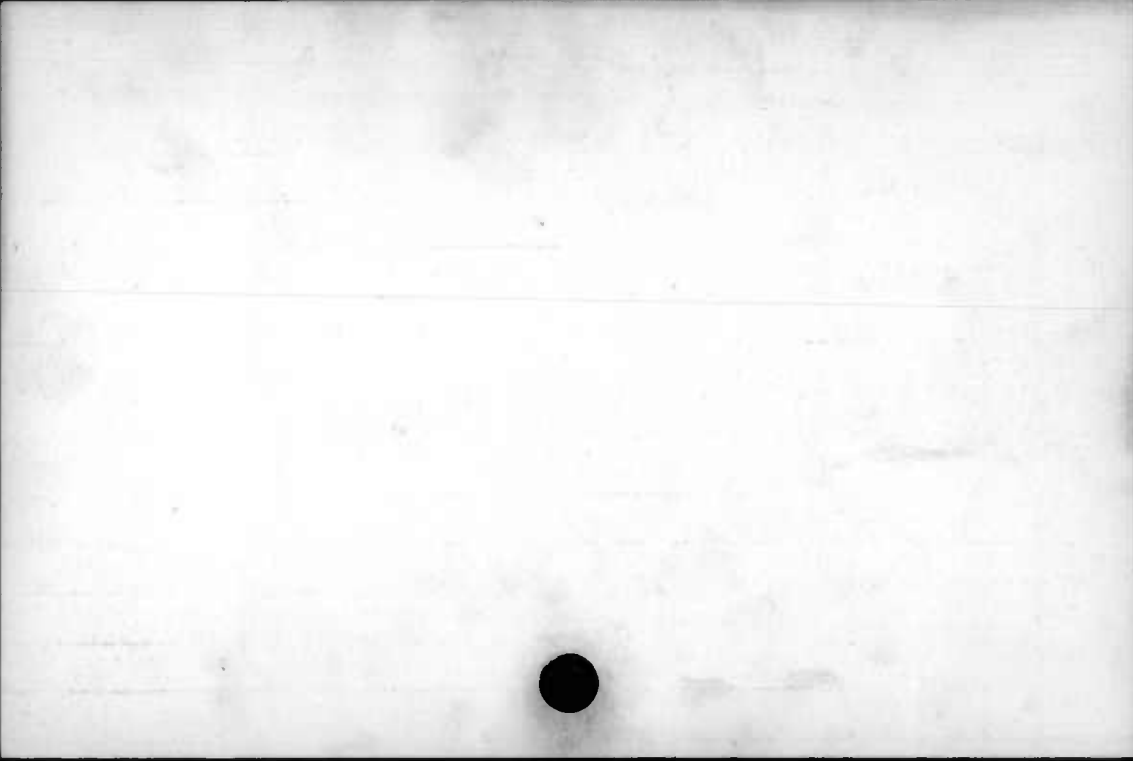
PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>1 day</i>
Immediate <i>Cardiac Insufficiency</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. C. Smith</i>
<i>Yes</i>	Address <i>Woodlawn Sta. Md.</i>
Accident or Suicide? <i>—</i>	

Lorraine

Jos B. Cook

Name In Full		William H. Lumpkins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at new Granite		Town Balto.		County	
		Date of death 1908		Month July		Day 31	
		Age 70		Years		Months	
		Sex Male		Color or Race (col)		Birth- place Virginia	
		Occupation Laborer		Where Residing if not at place of death			
		Married, Single or Widowed Married		Name of Wife or Husband Annie Lumpkins			
Father's Name not known		Father's Birthplace not known					
Mother's Maiden Name not known		Mother's Birthplace not known					
Name of person giving In formation Annie Lumpkins		How related to deceased Wife					
		CAUSES OF DEATH		(81)			
PHYSICIAN OR CORONER		Primary Arterio Sclerosis & General Atherosclerosis		How long 20 or 3 mos			
		Immediate Cardiac Atherosclerosis		How long 2 days			
		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Frank O. Miller M.D.			
				Address Elliott City, Md.			
		Accident or Suicide?					



Name
in
Full

Annie Mc Clelland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

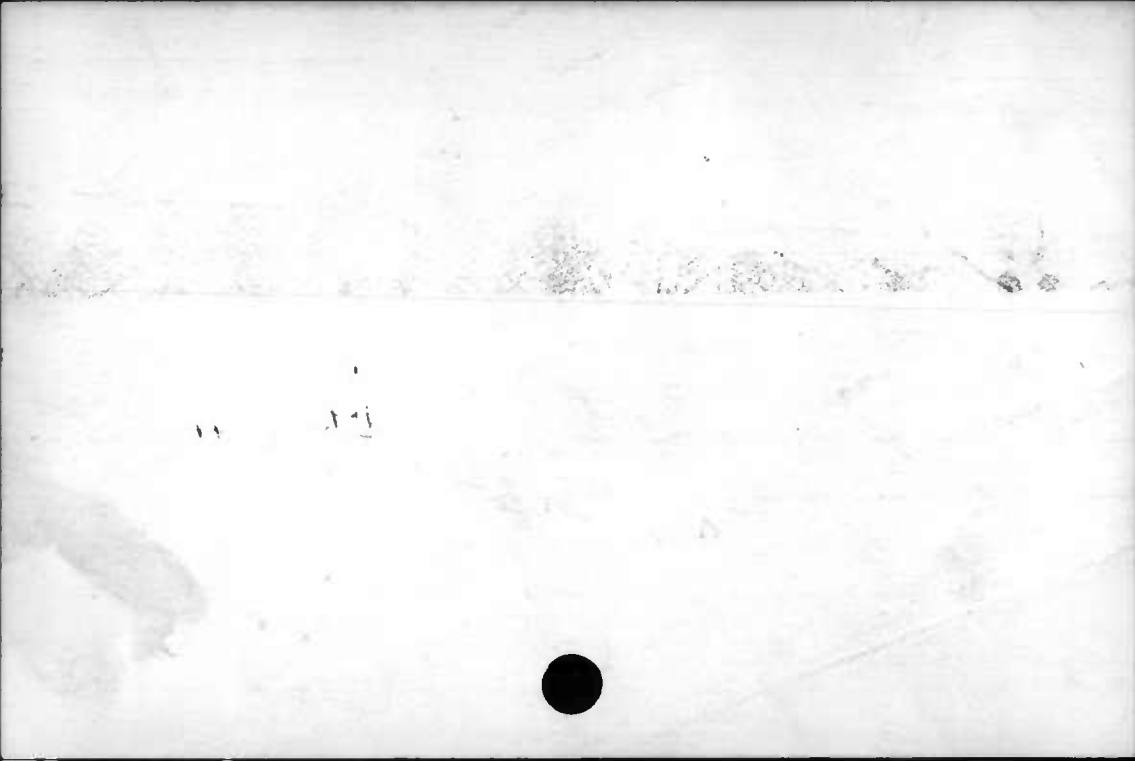
Died at *Colgate* Town *Balt* County
 Date of death 190 *8* Month *July* Day *13* Age *24* Years Months Days
 Sex *Female* Color or Race *White* Birth-place *Balt Co.*
 Occupation *Housework* Where Residing if not at place of death *Colgate*
 Married, Single or Widowed *Single* Name of Wife or Husband
 Father's Name *Wm B Mc Clelland* Father's Birthplace *Ind*
 Mother's Maiden Name *Eliza A Earl* Mother's Birthplace *Ind*
 Name of person giving Information *Theodore F Mc Clelland* How related to deceased *Brother*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *one and one half years*
 Immediate *Exhaustion* How long
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *O L Long*
 Address *2429 Fair Ave*
15th District Baltimore Md
 Accident or Suicide



Name
in
Full

Vivie R. E. McCallers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

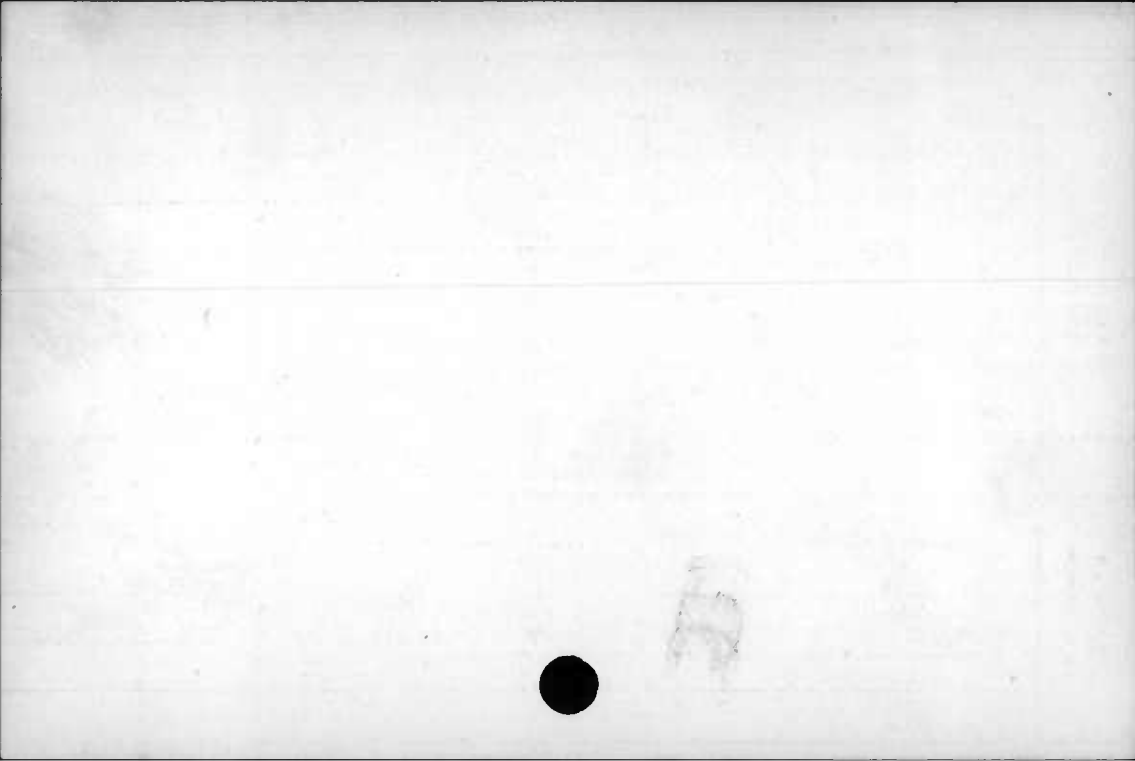
Died at <i>Wise Ave - North</i>		Town <i>North</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Date of death	<i>1908</i>	Month	<i>July</i>	Day	<i>23</i>	Years	<i>7</i>
Sex	<i>Female</i>		Color or Race	<i>Col.</i>		Birth-place	<i>Wise Ave.</i>
Occupation	<i>none</i>			Where Residing if not at place of death		<i>Wise Ave.</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Wm. McCallers</i>					Father's Birthplace	<i>M.C.</i>
Mother's Maiden Name	<i>Florence Jessiman</i>					Mother's Birthplace	<i>Ind.</i>
Name of person giving information	<i>Wm. McCallers</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>4 Weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 1/2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. T. Peltzman M.D.</i>
Accident or Suicide?	<i>no</i>	Address	<i>Sparrow Pt. Ind.</i>



Name
in
Full

Tophia McKenny

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Kent</u> Town		<u>Balt</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>28</u>	Age <u>68</u>	Months	Days
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Germany</u>	
Occupation <u>WWR</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Wm McKenny</u>			
Father's Name <u>Unknown</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>Chas Wilson</u>			How related to deceased <u>son in law</u>		

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <u>Heart Embolism</u>	How long <u>one week</u>
Immediate <u>Exhaustion</u>	How long <u>one day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. J. Jones</u>
	Address <u>316 O'Connell St</u>
<u>Accident or Suicide?</u>	

Gurkler + Gurkler
1739 E. Eagan St.

McC. Carmel Cem.

July 31-1908

Name
in
Full

Aster Mary Thekla (Anna B. McMahon)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

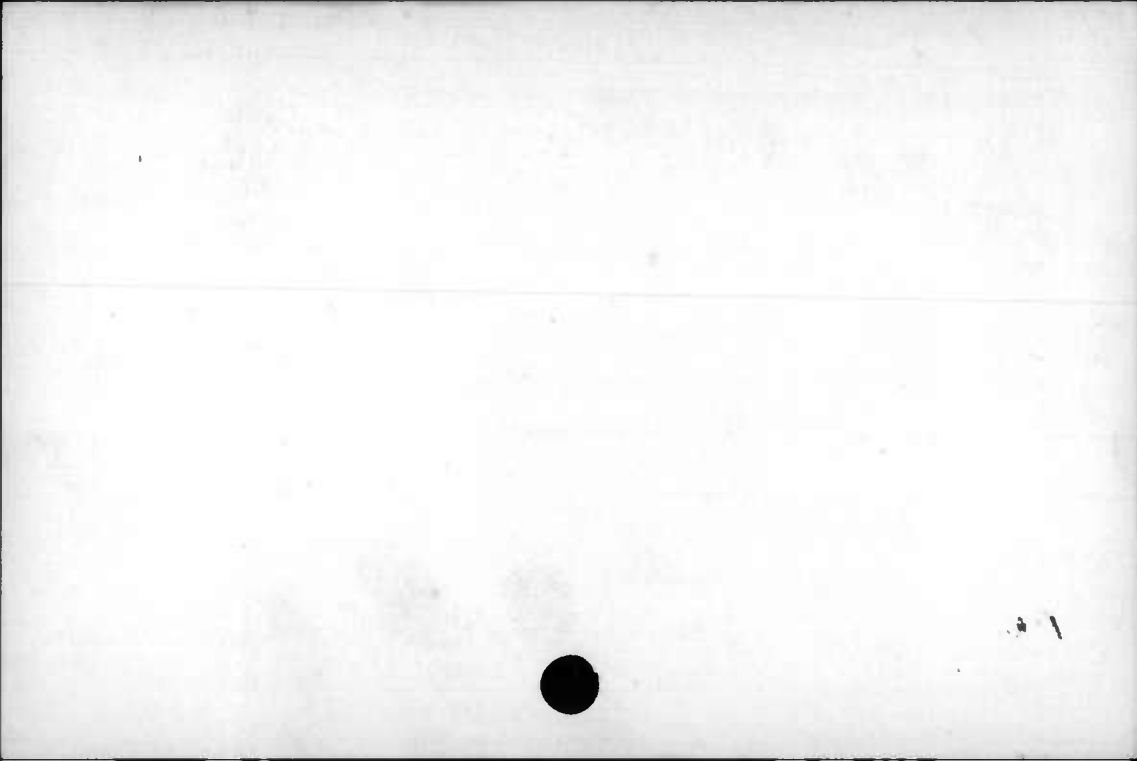
Died at <i>W. B. Jones Catonsville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	Month <i>July</i>	Day <i>18</i>	Years <i>25</i>	Months <i>8</i>	Days <i>Unknown</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>N. Y. City.</i>		
Occupation <i>Religious</i>	Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>_____</i>				
Father's Name <i>Thomas McMahon</i>	Father's Birthplace <i>N. Y. City</i>				
Mother's Maiden Name <i>Bridget Dorman</i>	Mother's Birthplace <i>N. Y. City</i>				
Name of person giving information <i>Mother Ignatia Aikin</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Phthisis.</i>	How long <i>13 mrs.</i>
Immediate <i>Syncope</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harold W. Munson</i>
	Address <i>Dickerville, Mead.</i>
Accident or Suicide? <i>_____</i>	<i>1st District</i>



Name
in
Full

Joseph Macusewski

CERTIFICATE OF DEATH

Died at		Town Highlandtown		County Baltimore		MARYLAND		
Date of death		1908	Month July	Day 23	Age —	Years —	Months 2	Days 15
Sex male		Color or Race white		Birth-place Highlandtown				
Occupation —		Where Residing if not at place of death —						
Married, Single or Widowed Single		Name of Wife or Husband —						
Father's Name Mathew Macusewski		Father's Birthplace Russia						
Mother's Maiden Name Mary Kwiathkowska		Mother's Birthplace Russia						
Name of person giving information Mathew Macusewski		How related to deceased Father						

CAUSES OF DEATH

8

Primary	Whooping cough	How long	3 weeks
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W. H. Johnson M.D.	
Accident or Suicide?		Address	
—		2017 E. Balto. St.	

M. F. SADOWSKI,
703 S. ANN ST.,
BALTIMORE, MD.

St. Stanislaus.

Name
in
Full

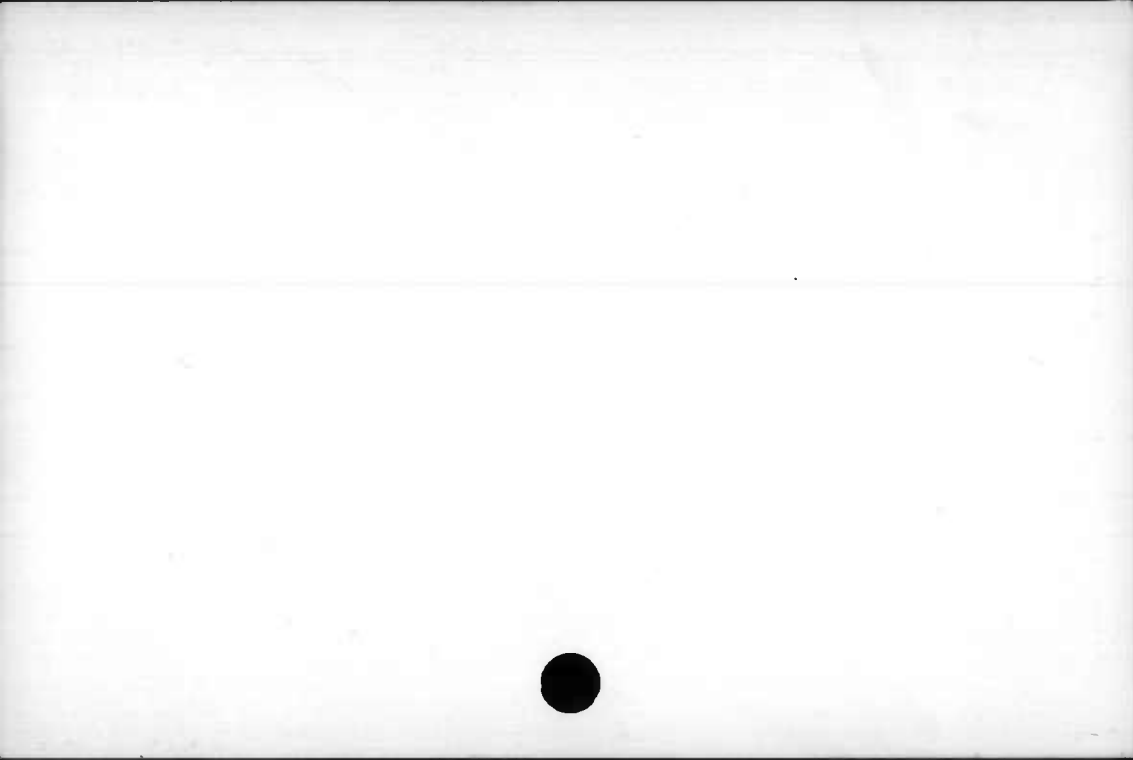
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Madden</i>		Town <i>Glyndon</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Glyndon</i>		Month <i>July</i>		Day <i>18</i>		Years <i>77</i>	
Date of death <i>1908</i>		Months <i>7</i>		Days <i>7</i>			
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Balto, c. Md.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Joanna Madden</i>					
Father's Name <i>Nicholas Madden</i>		Father's Birthplace <i>Dont Know</i>					
Mother's Maiden Name <i>Dont Know</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Jessie Madden</i>		How related to deceased <i>Son</i>					
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>2 weeks</i>
Immediate <i>"</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. Price</i>
Address <i>Glyndon Md.</i>	
Accident or Suicide <i>9</i>	



Name
in
Full

Isabel Marice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

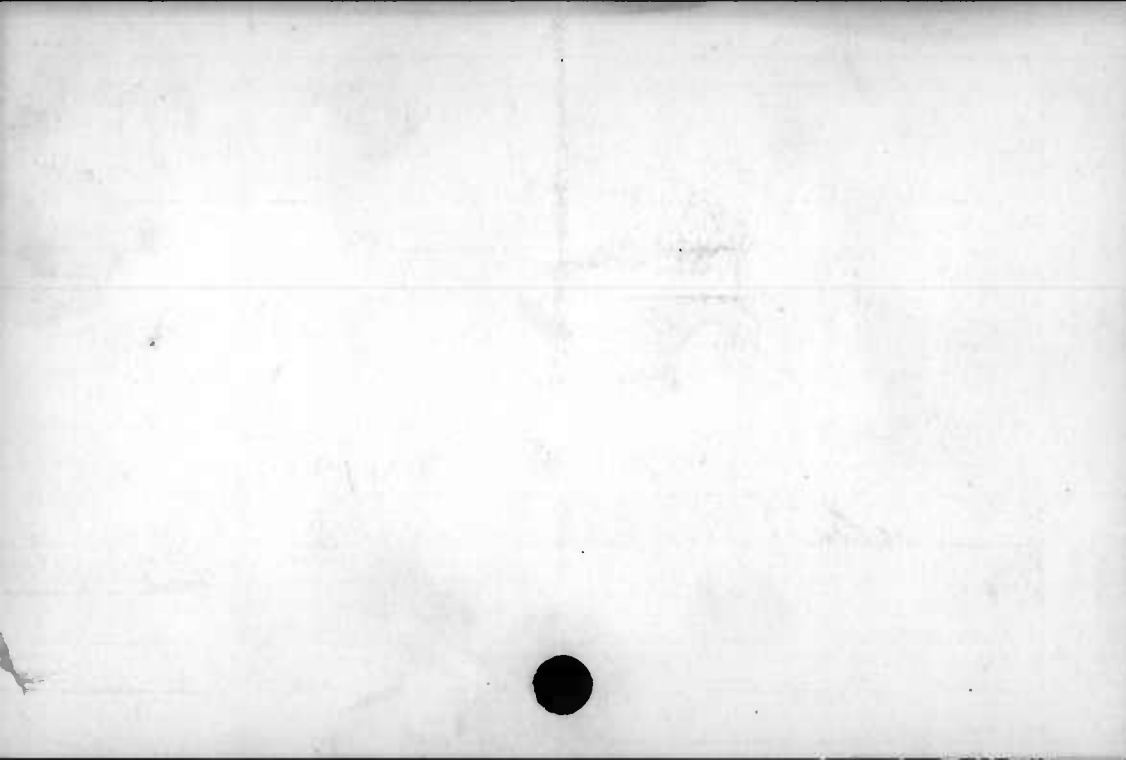
Died at		Town North Point Road		County Baltimore		MARYLAND	
Date of death	1908	Month July	Day 10 th	Age -	Years -	Months 6	Days -
Sex	Female		Color or Race	Negro		Birth- place	North Point Road
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Robert Marice			Father's Birthplace	
Mother's Maiden Name			Belle Jordan			Mother's Birthplace	
Name of person giving In formation			Robert Marice			How related to deceased	
						Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Enterocolitis	How long	4 weeks
Immediate	Exhaustion	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Frank C. Odell	
Address		214 North Point Road	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

**TO BE ANSWERED BY
NEAREST FRIEND**

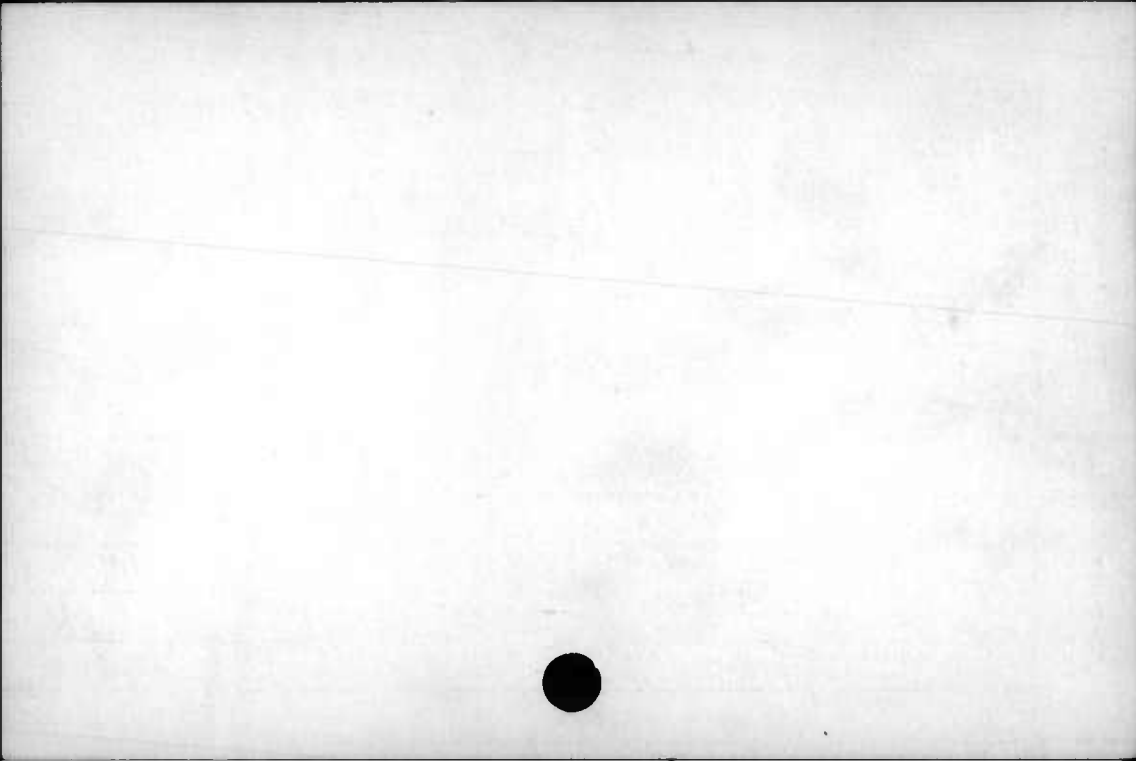
Died at <i>Westilmington</i>		Town <i>Baltimore</i>		County <i>MARYLAND</i>	
Date of death 1908	Month <i>July</i>	Day <i>28</i>	Age <i>69</i>	Years	Months <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Retired</i>		
Name of Wife or Husband <i>Clara A. Marck</i>					
Father's Name <i>Michael Marck</i>				Father's Birthplace <i>Penna</i>	
Mother's Maiden Name <i>Sarah Bloxton</i>				Mother's Birthplace <i>Va</i>	
Name of person giving information <i>Grace E Marck</i>				How related to deceased <i>daughter</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Nephritis (Chronic)	How long	at least 2 years
Immediate	Cardiac (Paralysis)	How long	2-3 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Henry Russell,
		Address	West Arlington, Maryland.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still born infant. - Markell

Town: Sparrow Point County: Baetiniore

MARYLAND

Died at Sparrow Point

Date of death: 1908 July 30th Age: _____ Years: _____ Months: _____ Days: _____

Sex: male Color or Race: white Birth-place: Sparrow Point

Occupation: _____ Where Residing if not at place of death: _____

Married, Single or Widowed: _____ Name of Wife or Husband: _____

Father's Name: Louis F. Markell Father's Birthplace: Md

Mother's Maiden Name: Mary E. Leichner Mother's Birthplace: Md

Name of person giving information: Louis F. Markell How related to deceased: father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary: Still born infant. How long: (S)

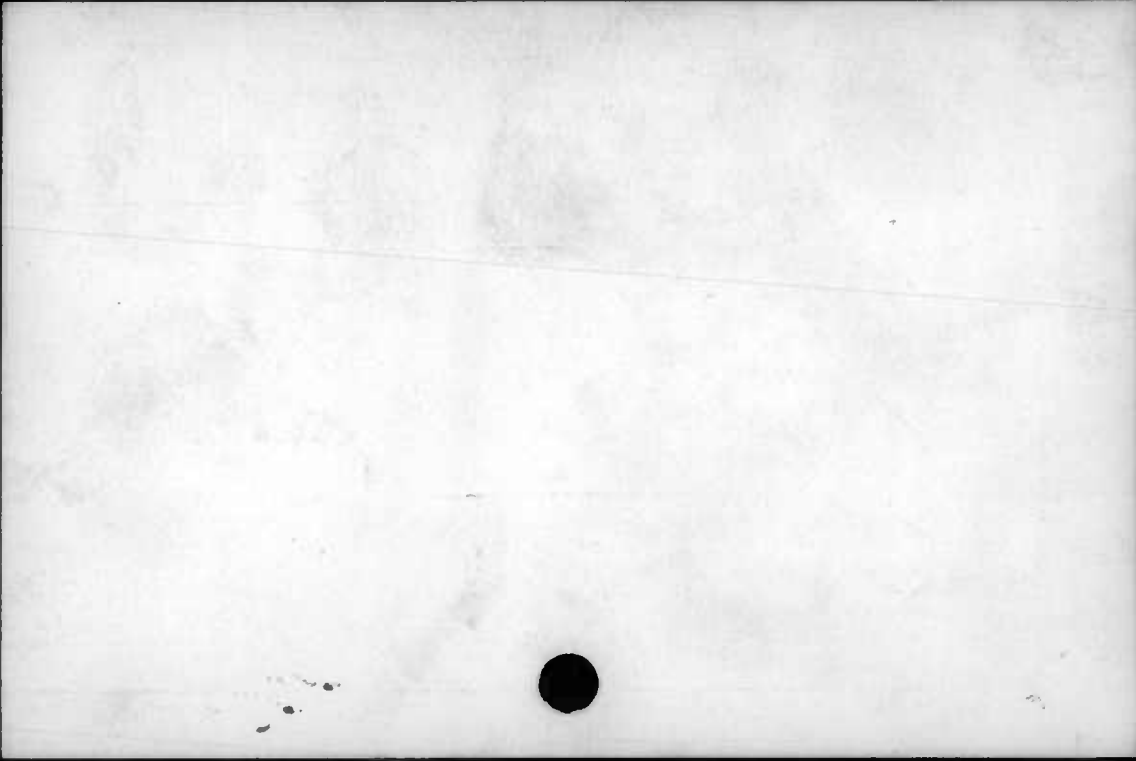
Immediate: _____ How long: _____

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. L. McOrniger, M.D.

Address: Sparrow Point Md

Accident or Suicide? no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

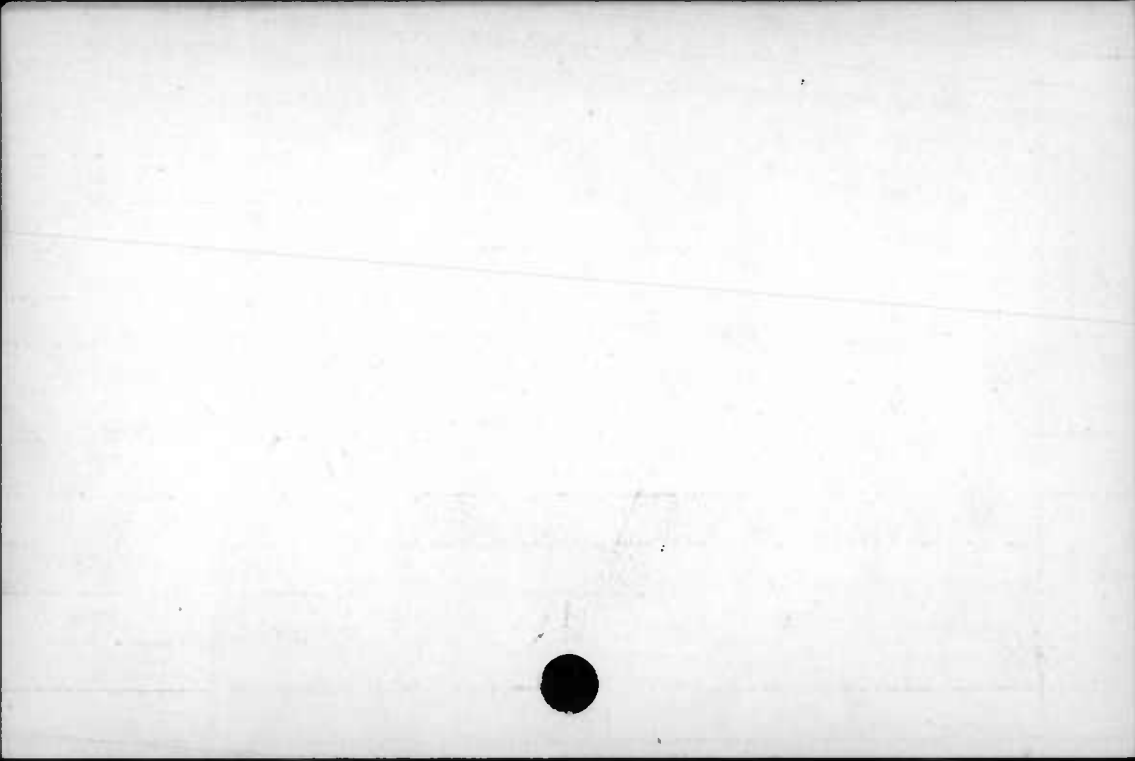
Died at <i>Hereford</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>July</i>	Day	<i>18</i>
Age		<i>62</i>		Months	<i>—</i>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Balto Co</i>
Occupation	<i>Painter</i>		Where Residing if not at place of death <i>near Hereford</i>		
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband <i>Elyzabeth E. Mays</i>		
Father's Name	<i>Abraham Mays</i>		Father's Birthplace <i>Balto Co</i>		
Mother's Maiden Name	<i>Lydia Wilhelm</i>		Mother's Birthplace <i>Balto Co</i>		
Name of person giving information	<i>Elyzabeth E. Mays</i>		How related to deceased <i>wife</i>		

CAUSES OF DEATH

112

PHYSICIAN
OF CORONER

Primary	<i>Chronic Interstitial Nephritis</i>	How long	<i>2 years</i>
Immediate	<i>Angina Pectoris</i>	How long	<i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>C. H. Hyde, M.D.</i>	
		Address	
		<i>Parkton</i>	
Accident or Suicide?			



Name
in
Full

Mary C - Metzger -

CERTIFICATE OF DEATH

Died at		Town Lansdowne		County Baltimore		MARYLAND	
Date of death	1908	Month July	Day 24	Age 57	Years	Months 4	Days 17
Sex	Female		Color or Race	White		Birth- place	Fredrick Co., Md.
Occupation	House wife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Barth Metzger			
Father's Name	Nicholas Gray				Father's Birthplace	Germany	
Mother's Maiden Name	unknown				Mother's Birthplace	unknown	
Name of person giving information	Barth Metzger				How related to deceased	Husband	

CAUSES OF DEATH

104

PHYSICIAN OR CORONER	Primary	Acute Indigestion		How long	1 hour
	Immediate	Cardiac Paralysis		How long	Sudden
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	Lansdowne, Balt. Md.	
Accident or Suicide?					

E. Harle

Holy Cross
Country

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

George Michaels
Highlandtown

County

Baltimore

MARYLAND

Date

of death 1908 July 24

Month

Day

Age

Years

Months

Days

Sex

M.

Color or
Race

White

Birth-
place

Baltimore Co.

Occupation

Where Residing if not
at place of death

612 Bouldin St.

Married, Single

~~or Widowed~~Name of Wife or
HusbandFather's
Name

J. Michaels

Father's
Birthplace

Baltimore, Md

Mother's
Maiden Name

Mary Bauer

Mother's
Birthplace

Baltimore, Md

Name of person giving
Information

Mary Bauer

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Marasmus

How long

105 mos.

Immediate

Cholera infantum

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

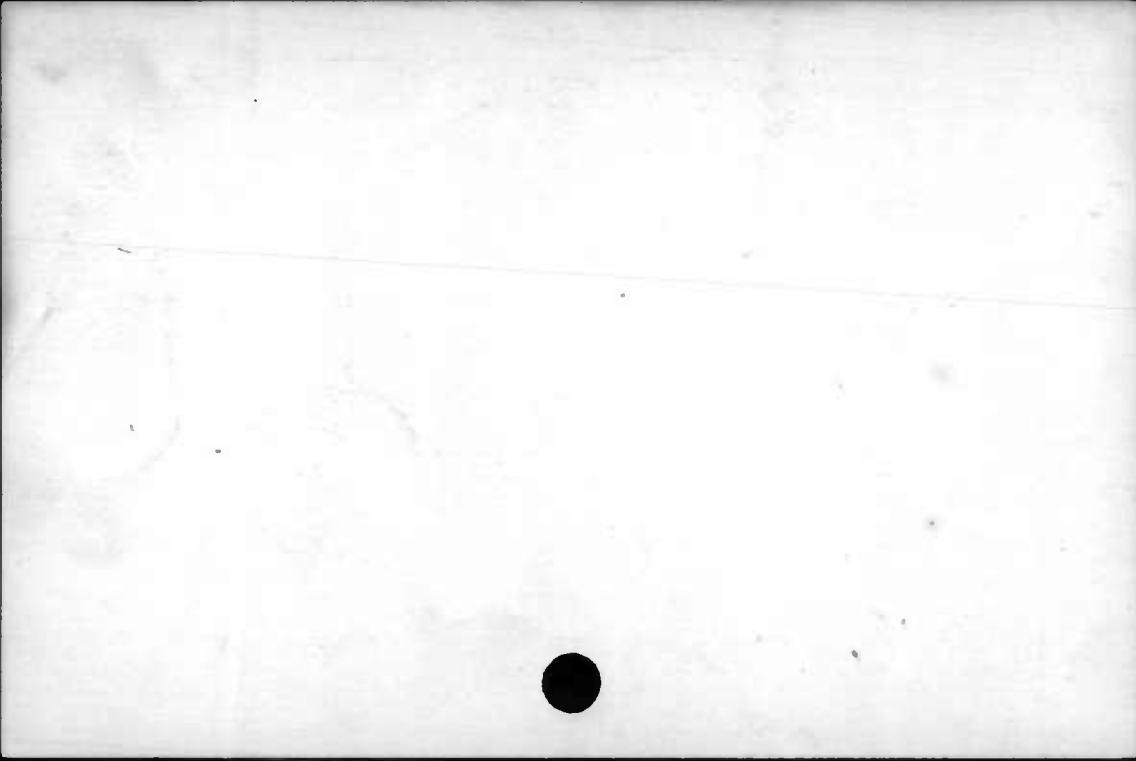
W. E. McCluskey, M.D.

Address

619 S. Clinton St.

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full		Certificate of Death			
William Miller		MARYLAND			
Died at		County			
North Beach Creek		Baltimore			
Date of death		Age		Months Days	
1908 July 7		44		7 28	
Sex		Color or Race		Birth-place	
Male		White		Germany	
Occupation		Where Residing if not at place of death			
Laborer		2040 Trountain St. City			
Married, Single or Widowed		Name of Wife or Husband			
Married		Theresa Miller			
Father's Name		Father's Birthplace			
John Miller		Germany			
Mother's Maiden Name		Mother's Birthplace			
Do not know		" "			
Name of person giving information		How related to deceased			
Theresa Miller		Wife			
CAUSES OF DEATH					
Primary		How long			
Broken neck, due to diving		164			
Immediate		How long			
and hitting head		Cyroned			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		Address			
		3326 E. Baltimore			
Accident or Suicide?					
Accident					

Holy Redeemer Cemetery

July 7th 1908

Undertakers

Lilly and Zeiler

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John J. Mellon* Town *Easton* County *Baltimore* State *Maryland*

Died at *Easton* Date of death *1908* Month *July* Day *10* Age *about 25* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Pa.*

Occupation *Single* Where Residing if not at place of death *Back River*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Don't know* Father's Birthplace

Mother's Maiden Name *Don't know* Mother's Birthplace

Name of person giving information *Mr. Thomas* How related to deceased

CAUSES OF DEATH

(166)

PHYSICIAN
OR CORONER

Primary *Internal Haemorrhage* How long

Immediate *Accident crushed by Car* How long *Coroner*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. S. Sudler M.D.*

Address *3356 E. Baltimore*

Accident *Car*

11

Crowley Bldg.

25 N. Fulton Ave.
Baltimore.

1726 W. Baltimore St

Bedford City

Pa.

July 11th /08

Name
in
Full

Margaret Mondshous

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

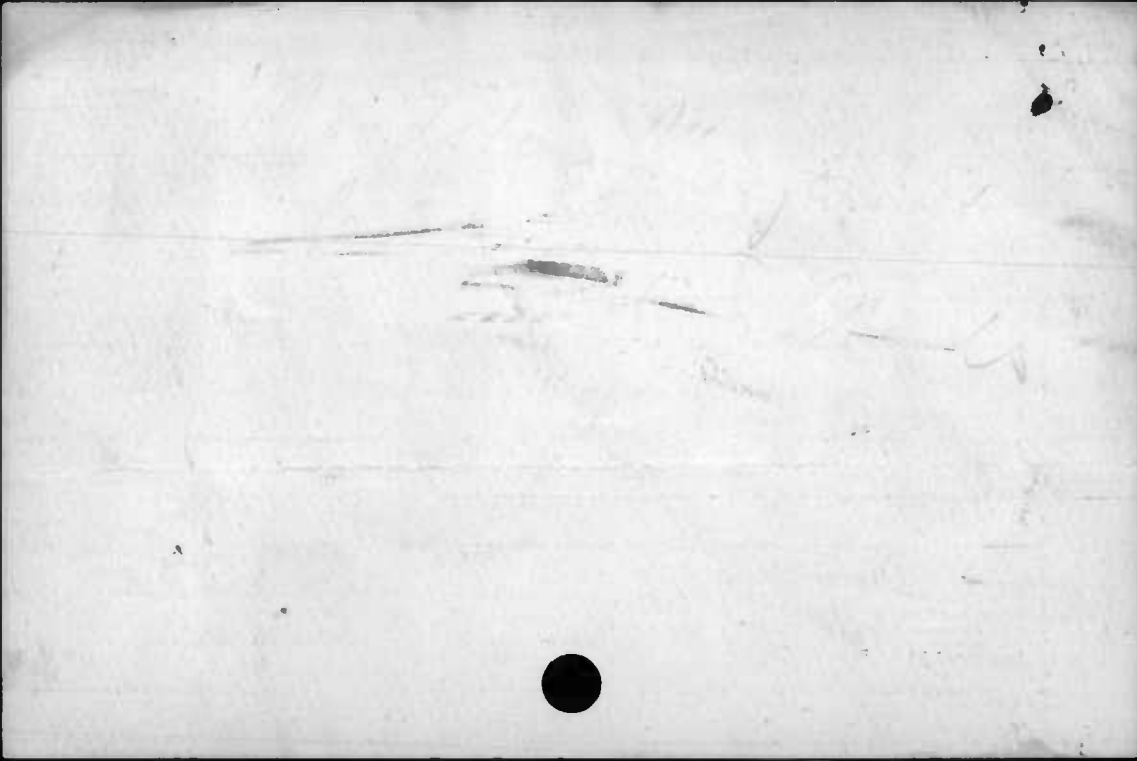
Died at <i>Mt. Wilson</i> ^{Town} <i>San.</i> ^{County} <i>Balto Co</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>July</i>	Day <i>22</i>	Age <i>7</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Mt. Arlington</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>Mt. Arlington</i>		
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>Claveland Mondshous</i>		
Father's Name <i>Claveland Mondshous</i>	Father's Birthplace <i>Balto Md</i>		
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Claveland Mondshous</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary <i>Cerebro spinal meningitis</i>	How long <i>60 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Knapp Jr M.D.</i>
	Address <i>Mt Wilson Ind.</i>
Accident or Suicide?	



Name
in
Full

Estelle T. Morse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gorham</u> ^{Town}		<u>Balt</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>July</u> ^{Month}	<u>17</u> ^{Day}	Age <u>9</u> ^{Years}	<u>9</u> ^{Months}	<u>3</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Balt. Md</u>		
Occupation _____			Where Residing if not at place of death <u>93 P. M. Franklin St. Balt.</u>		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <u>James B. Morse</u>			Father's Birthplace <u>N. Y.</u>		
Mother's Maiden Name <u>Ethel Morse</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information _____			How related to deceased _____		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Cholera Infusion</u>	How long <u>8 days</u>
Immediate <u>Exhaustion</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>G. M. Lehman M.D.</u>
	Address <u>127 E. North Ave - Balt. Md.</u>
Accident or Suicide? _____	

Removal to

958 W Franklin St.

~~Now~~ Cook

502 E North
av

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marroll Park</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>7</i>	Day <i>4</i>	Age <i>72</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>Marroll Park Baltimore</i>						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Kasper Mueller</i>						
Father's Name <i>Not Known</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>Otto Mueller</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Intestinal Nephritis</i>	How long <i>4 mo</i>
Immediate	<i>Leemia</i>	How long <i>3 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Geo. S. M. Kieffer</i>
		Address <i>Marroll Park Baltimore Md</i>
Accident or Suicide?		

Jos B. Cook

Cedar Hill

Name
in
Full

Patrick Mulcahy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Texas ^{Town} Baltimore ^{County} MARYLAND

Date of death 1908 ^{Month} July ^{Day} 9 ^{Years} Age 86 ^{Months} 11 ^{Days}

Sex male Color or Race white Birth-place Ireland

Occupation Farmer Where Residing if not at place of death Texas

Married, Single or Widowed Married Name of Wife or Husband Mary A Mulcahy

Father's Name Timothy Mulcahy Father's Birthplace Ireland

Mother's Maiden Name Elizabeth Mulcahy Mother's Birthplace Ireland

Name of person giving information Peter Mulcahy How related to deceased Son

CAUSES OF DEATH

Primary

Senility

How long

154

Immediate

Inanition

How long

1 yr

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

B. F. Bussey

Address

Texas Md.

Accident or Suicide?

Interment at Texas

July 11th
"

W. C. Brooks

Guss. Shandy

Name
in
Full

Nancy Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

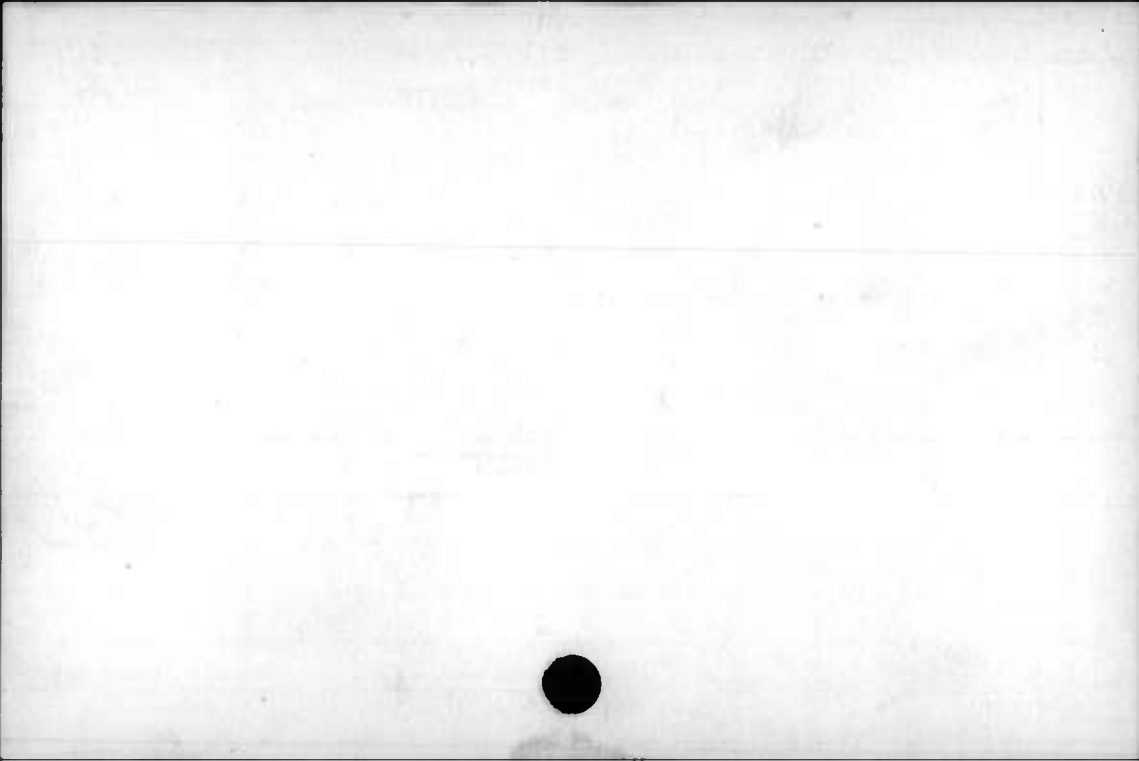
Died at <u>Areedia</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	Month <u>7</u>	Day <u>16</u>	Age <u>85</u> <small>Years</small>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>md</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>Elisha Myers</u>				
Father's Name <u>unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>Wm. A. Myers</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <u>old age</u>	How long <u>—</u>
Immediate <u>Infirmities incident to old age</u>	How long <u>Two years</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. H. W. W. W.</u>
<u>8</u>	Address <u>Franklinburg</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

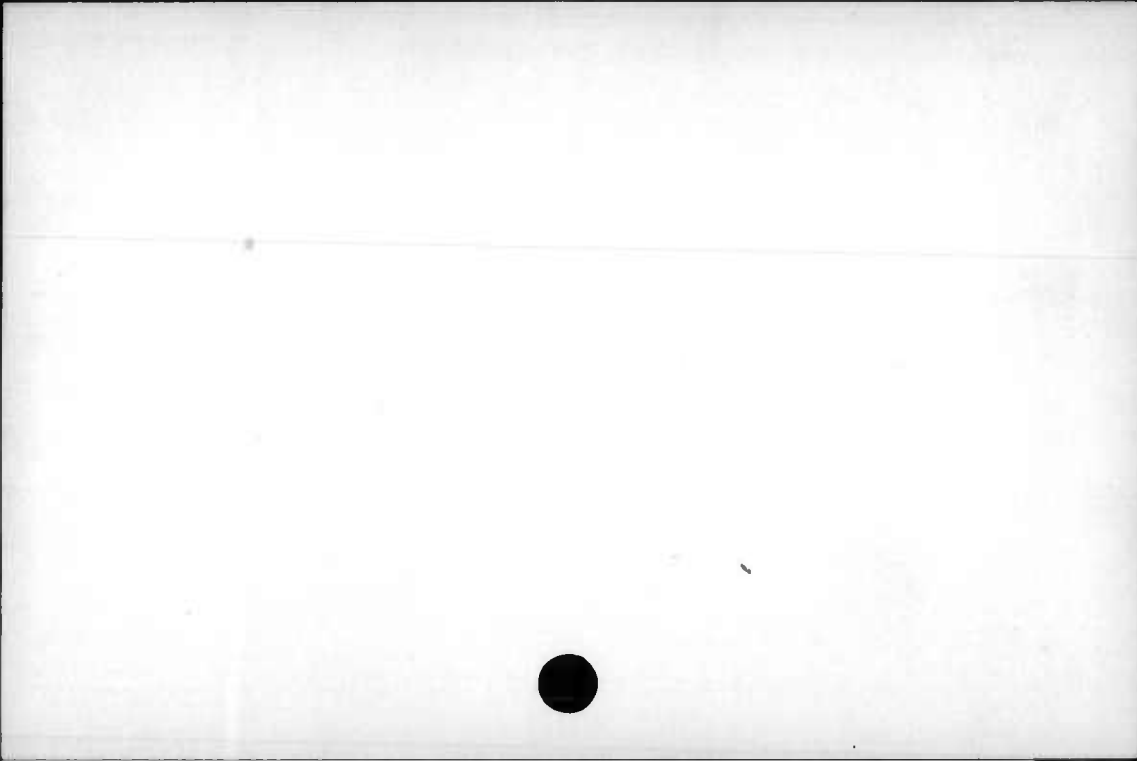
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Worthington Valley</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death 190 <u>8</u>	Month <u>July</u>	Day <u>17</u>	Age _____	Years _____	Months _____
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Worthington Valley</u>		
Married, Single or Widowed <u>-</u>			Occupation _____		
Name of Wife or Husband _____					
Father's Name <u>Wm. Nash</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Annie Bosley</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Annie Bosley</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature Birth (7mo)</u>	How long <u>(S)</u>
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. R. Price</u>
<u>X</u>	Address <u>Glyndon Ind</u>
Accident or Suicide? <u>X</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Worthington Valley</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190 <u>8</u>	<u>July</u> ^{Month}	<u>17</u> ^{Day}	Age <u> </u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Worthington Valley</u>		
Married, Single or Widowed <u> </u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>William Nash</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Annie Bosley</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Annie Bosley</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature Birth (7 mo)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

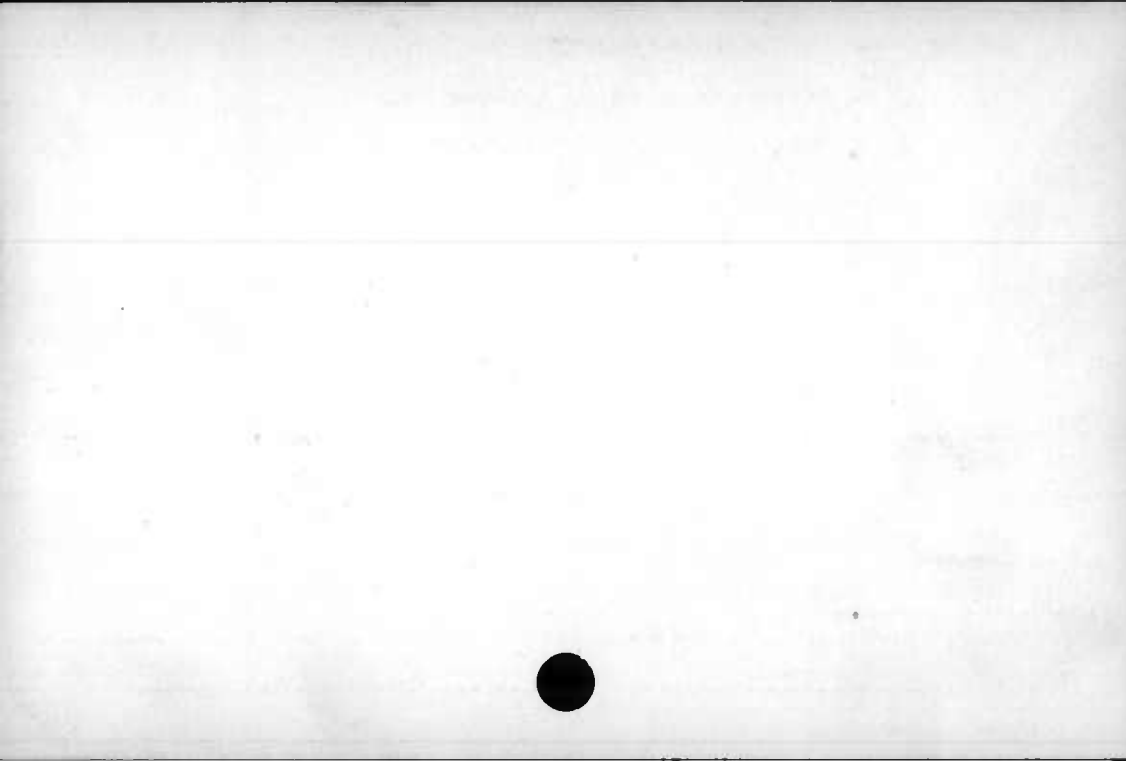
Yes

Signature of Physician

Address

Thos L. Glyn
Glyn
Ind

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joe 2 Naughton

Died at *Pleasant Md* Town *Beth* County

MARYLAND

Date of death *1908* Month *July* Day *14* Age *20* Years Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Bakender* Where Residing if not at place of death *at Pleasant*

Married, ~~Single~~ or Widowed ☒ Name of Wife or Husband *Elaine Ryan*

Father's Name *Joe Naughton* Father's Birthplace *Md.*

Mother's Maiden Name *Mary Mahon* Mother's Birthplace *" "*

Name of person giving information *Isabella Ryan Naughton* How related to deceased *Wife*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pneumonia tubercular* How long *don't know*

Immediate *"* How long *"*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. E. Ryan*

Address *Pleasant Md*

3rd District

Accident or Suicide? ☒

New Cathedral Cemetery
City-

C. A. Thucifield Jr
2113 Brunswick Ave.

Name
in
Full

Mrs Catherine Mujan.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Franklinstown</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>24</i>	Age <i>82</i>	Months <i>Unknown</i>	Days <i>Unknown</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland.</i>		
Occupation <i>House of labor</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of ^{Wife or} Husband <i>John Mujan Sr.</i>				
Father's Name <i>Edward Kelly</i>	Father's Birthplace <i>Ireland.</i>				
Mother's Maiden Name <i>Mary Larkin</i>	Mother's Birthplace <i>Ireland.</i>				
Name of person giving information <i>Mrs Mary Mujan</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>One week</i>
Immediate <i>Cardiac Asthenia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harrell W. Munniss</i>
	Address <i>Dickensville, Md.</i>
Accident or Suicide?	



Name
in
Full

Mary Oliver —

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Wilson</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>12</i>	Age <i>—</i>	Months <i>1</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Col.</i>		Birth-place <i>Baltimore</i>		
Occupation <i>In York.</i>			Where Residing if not at place of death <i>Baltimore.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Hubertson</i>			Father's Birthplace <i>Huttenow</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information			How related to deceased <i>—</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cerebral hemorrhage</i>	How long <i>Brain 2.</i>
Immediate <i>Synaptic deceleration</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Johnson Jr.</i>
	Address <i>80 Mt Wilson</i>
	<i>Md.</i>
Accident or Suicide?	



Name in Full		Helen Antonia Olson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Highlandtown</u>		Town		County <u>Baltimore</u>		State <u>MARYLAND</u>
	Date of death <u>1908</u>		Month <u>7</u>	Day <u>9</u>	Age <u>—</u>	Years <u>—</u>	Months <u>11</u>
	Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Baltimore</u>		
	Occupation <u>—</u>				Where Residing If not at place of death <u>—</u>		
	Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>				
	Father's Name <u>Charlie Olson</u>				Father's Birthplace <u>Sweden</u>		
Mother's Maiden Name <u>Auna Prohaski</u>				Mother's Birthplace <u>Bohemia</u>			
Name of person giving information <u>Charlie Olson</u>				How related to deceased <u>Father</u>			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">61</div>							
PHYSICIAN OR CORONER	Primary		<u>Meningitis</u>			How long <u>3 days</u>	
	Immediate		<u>Convulsions</u>			How long <u>1 day</u>	
	Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>		Signature of Physician <u>Dr. F. A. Sloutz</u>		
					Address <u>41 Eastern Ave E.L.</u>		
Accident or Suicide? <u>9</u>							

Frank Crack -
Undertaker -

Holy Redeemer
Cemetery. -

June 11th.

Name
In
Full

Frank O'Neill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

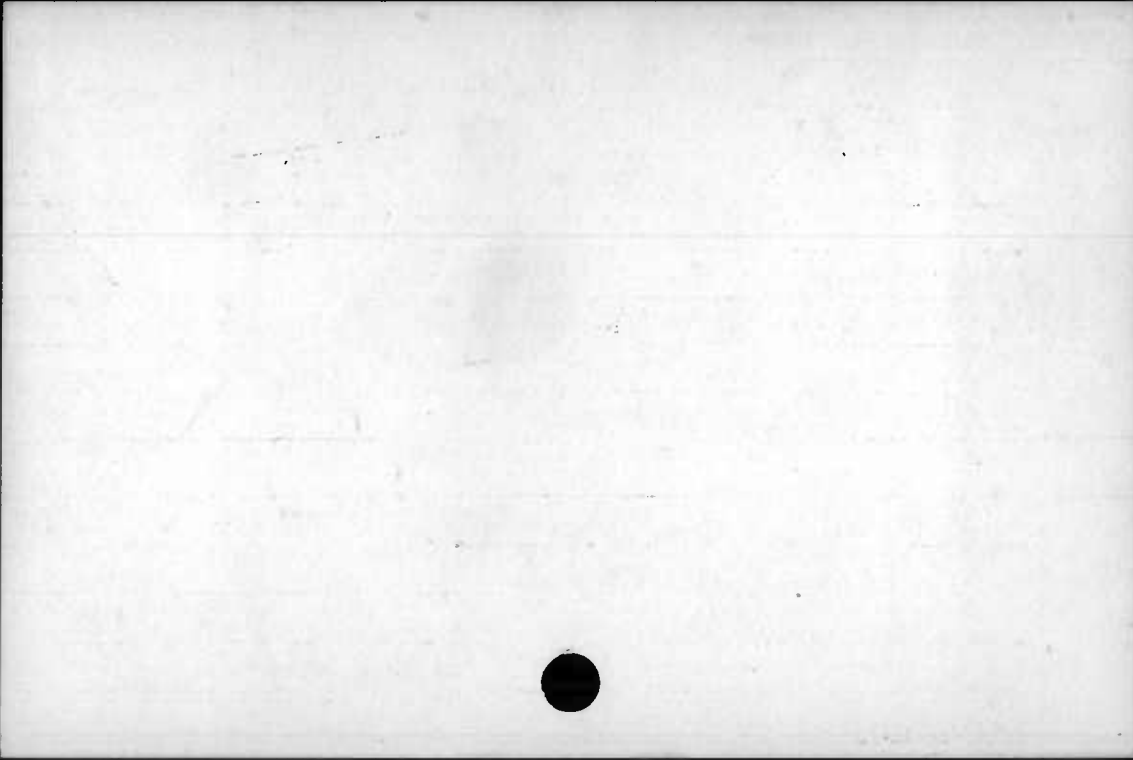
Died at <i>Mt Hope Retreat</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>July</i>	Day <i>28th</i>	Years <i>60</i>	Months <i>not known</i>		Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Occupation <i>Ex Police Officer</i>				Where Residing if not at place of death <i>Baltimore</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>not known</i>				Father's Birthplace			
Mother's Maiden Name <i>" "</i>				Mother's Birthplace			
Name of person giving information <i>Reeds Mt Hope Retreat</i>				How related to deceased			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Mania Post Epilepsy</i>	How long	<i>3 or 4 mos</i>
Immediate	<i>Ex (Arterio Sclerosis)</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank J. Flannery</i>	
Address <i>Mt Hope Retreat</i>		Address <i>Mt Hope Md</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Edith Parker -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

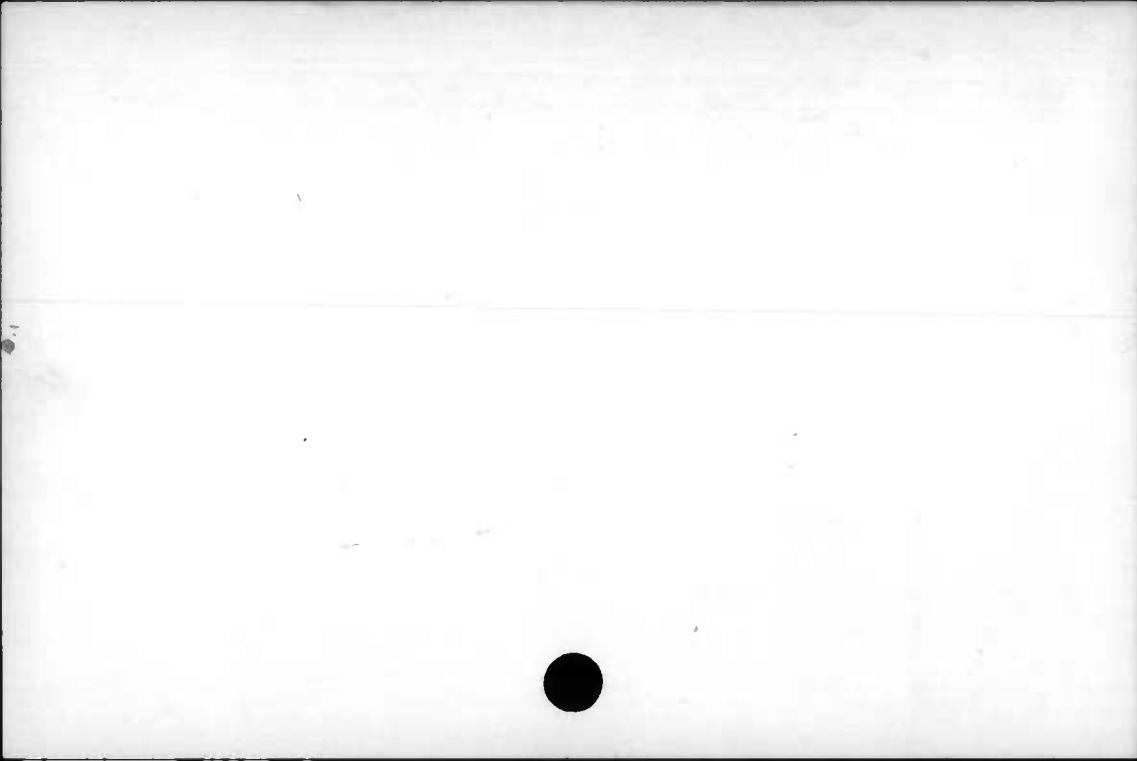
Died at		Town Mt Wilson		County Baltimore		MARYLAND	
Date of death		Month July	Day 13	Age	Years	Months 7	Days
Sex female		Color or Race White		Birth-place Baltimore			
Occupation In fact				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name John Parker		Father's Birthplace Unknown					
Mother's Maiden Name Unknown		Mother's Birthplace "					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Tuberculosis		How long 2 yrs	
Immediate Infectious in tuberculin		How long 2 weeks	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. K. M.D.	
		Address Mt Wilson, Md.	
Accident or Suicide			



Name
in
Full

Mary Paul

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>3901 Orleans St</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>24</u>	Age <u>52</u> ^{Years}	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Balto City</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married Single or Widowed	Name of Wife or Husband <u>Unknown</u>				
Father's Name <u>Don't know</u>	Father's Birthplace <u>Don't know</u>				
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace <u>Don't know</u>				
Name of person giving information			How related to deceased <u>✓</u>		

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

Primary <u>Cardiac Syncope</u>	How long
Immediate	How long <u>Coroner</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. L. Sudley</u>
	Address <u>3326 E. Balto St</u>
Accident or Suicide?	

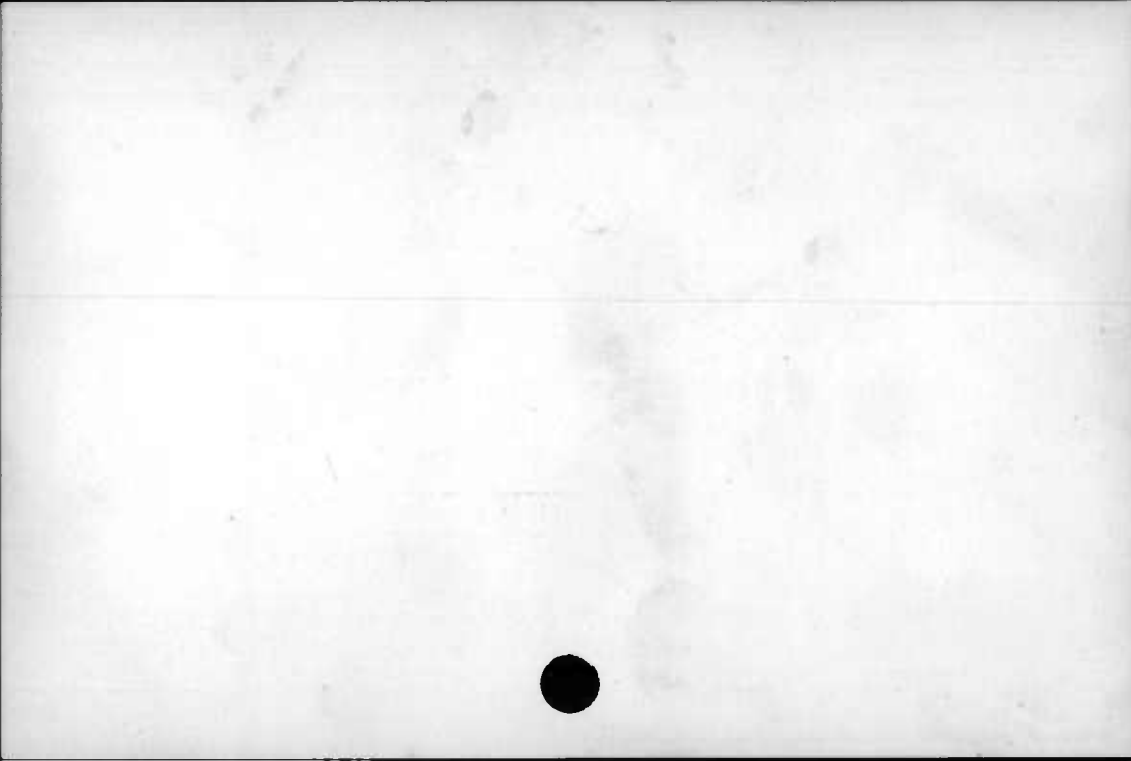
Baltimore Cemetery

July 26/08

Christian Miller

2334 Jefferson St

Name in Full		Mudge Lucelle Peregoy				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Rayville		Baltimore				
		Date of death		1909	Month 7	Day 31	Age 2	Months 11	Days 5	
		Sex		Female		Color or Race		White	Birth-place	Md
		Occupation				Where Residing if not at place of death				
		Married, Single or Widowed		—		Name of Wife or Husband		—		
PHYSICIAN OR CORONER		Father's Name		Harry Peregoy		Father's Birthplace		Md		
		Mother's Maiden Name		Edith May Cooper		Mother's Birthplace		Md		
		Name of person giving information		Edith M. Peregoy		How related to deceased		Mother		
		CAUSES OF DEATH				(106)				
PHYSICIAN OR CORONER		Primary		Acute Gastric Enteritis		How long		3 days		
		Immediate		Meningitis		How long		24 hrs		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		R. R. Morris		
		Address		Parkton		Md				
		Accident or Suicide?								



Name
in
Full

Thomas Louis Peters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Calomeneville		Baltimore		MARYLAND						
Date of death		1908	Month	July	Day	20	Age	54	Months	—	Days	—
Sex		Male		Color or Race		White		Birth-place		Baltimore Md		
Occupation		Butcher		Where Residing if not at place of death		Baltimore Md						
Married, Single or Widowed		Married		Name of Wife or Husband		Florence Peters						
Father's Name		Phillip Jacob Peters						Father's Birthplace		Germany		
Mother's Maiden Name		Catherine Myers						Mother's Birthplace		Germany		
Name of person giving information		August J. Peters						How related to deceased		Brother		

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	Carcinoma of Stomach	How long	2 years
Immediate	Exhaustion	How long	few weeks

Are the name, age, sex, color, date and place correctly given above?

yes

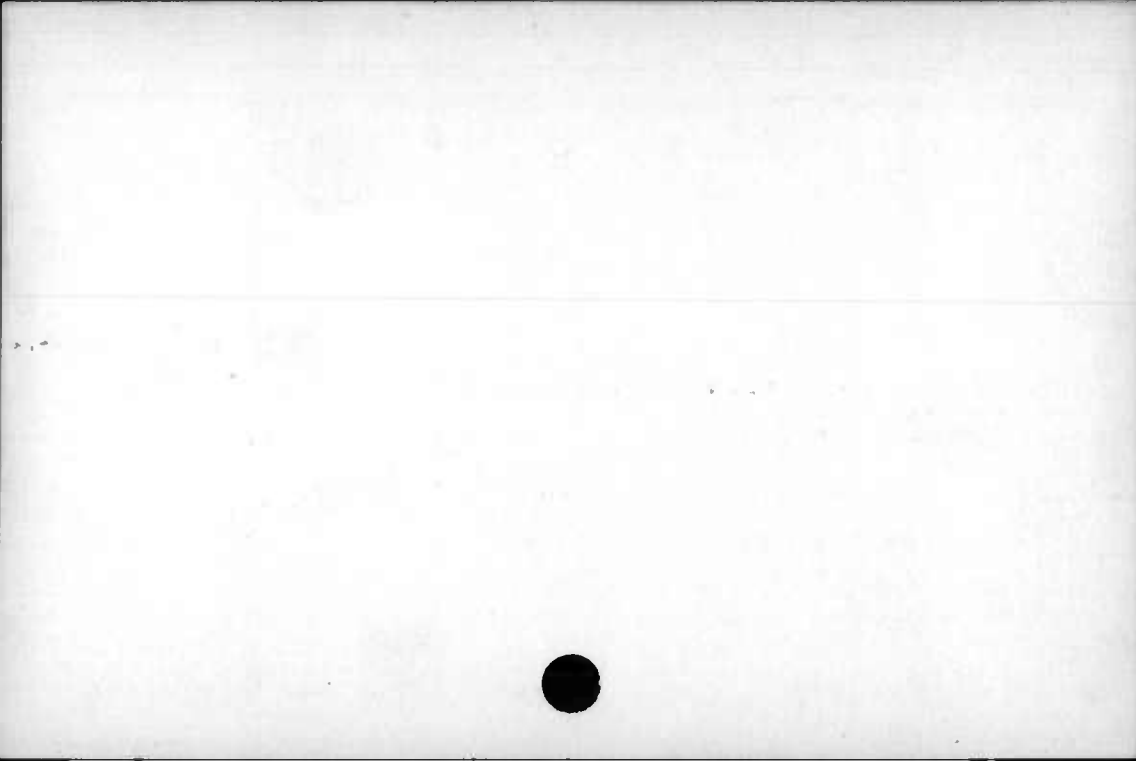
Signature of Physician

Address

Charles L. Wattfield M.D.
Calomeneville, Md

Accident or Suicide?

—



Name
in
Full

Isador Philip Poller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Wilkes</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1905	Month	July	Day	10
Age	—		Years	9	Months
Sex	male		Color or Race	White	
Occupation	Infant.		Birth-place	Baltimore	
Where Residing if not at place of death			Baltimore		
Married, Single or Widowed	Single		Name of Wife or Husband	—	
Father's Name	Louis Poller		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	"	
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

How related to deceased

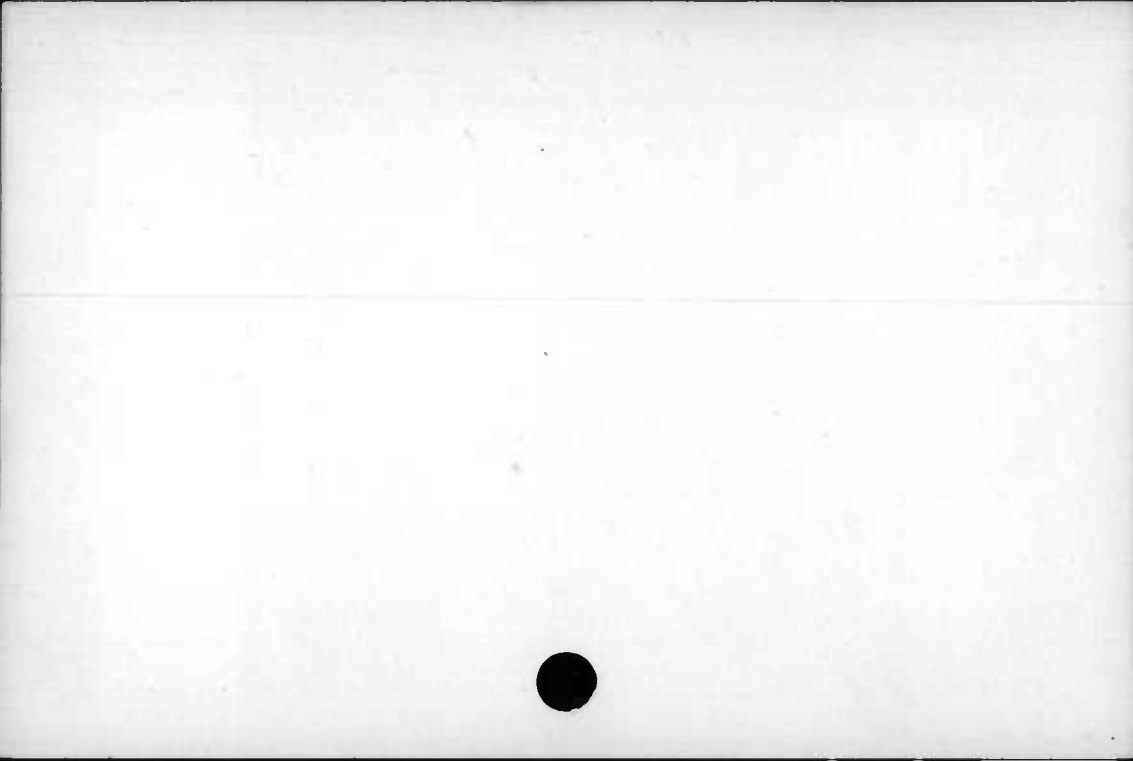
105

PHYSICIAN
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>3 weeks.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. H. Kane Jr.</i>
		Address	<i>Mt Wilkes, Md.</i>
Accident or Suicide			



Name in Full		Clarence E. Porter				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Thiattle</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND		
	Date of death	<i>1908</i> ^{Month}	<i>July</i> ^{Day}	<i>27</i> ^{Age}	<i>15</i> ^{Years}	<i>0</i> ^{Months}	<i>0</i> ^{Days}
	Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place
	Occupation	<i>Mill Hand</i>		Where Residing if not at place of death			
	Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>None</i>		
	Father's Name	<i>William E. Porter</i>				Father's Birthplace	<i>Baltimore Co.</i>
	Mother's Maiden Name	<i>Mary Madden</i>				Mother's Birthplace	<i>Baltimore City</i>
	Name of person giving information	<i>Mary Porter</i>				How related to deceased	<i>Mother</i>
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">172</div>							
PHYSICIAN OR CORONER	Primary	<i>Drowning</i>				How long	
	Immediate	<i>Drowning</i>				How long	<i>Immediate</i>
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	<i>John W. Bone</i>	
	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto;"></div>				Address	<i>Ellicott City, Md</i>	
Accident or Suicide?		<i>Accident</i>					



Name
in
Full

Therise Potesk

CERTIFICATE OF DEATH

Died at *Monile Park* ^{Town} *Balto* ^{County}

MARYLAND

Date of death *1908* ^{Month} *7* ^{Day} *18* ^{Years} *33* ^{Months} ^{Days}

Sex *Female* Color or Race *White* Birth-place *Bohemia*

Occupation ^{Where Residing if not at place of death}

Married, ~~Yes~~ ^{or Widowed} Name of ~~Wife or~~ *Thos Potesk* Husband

Father's Name *Thos Cedlo* Father's Birthplace *Bohemia*

Mother's Maiden Name *Therise Cedlo* Mother's Birthplace *Bohemia*

Name of person giving Information *Thos Lucas* How related to deceased *Nephew*

CAUSES OF DEATH

Primary *Typhoid Fever* ^{How long} *23 days*

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W B Hall*

Address *Mt Winans*

Accident or Suicide?


TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Grant Rehl
Lansdown

Place of Burial Oak Hill

Under the Grant Gravel

Name in Full		Rosa Ramseyer				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Rossville		^{County} Balto		MARYLAND			
		Date of death	1909	Month	7	Day	33	Age	61
						Years	9	Months	
						Days			
		Sex	Female		Color or Race	white		Birth-place	Europa
		Occupation	Housewife		Where Residing if not at place of death		Rossville Ind		
		Married, Single	Name of Wife Husband		Nicolas Ramseyer				
		Father's Name	Christian Gurtner			Father's Birthplace	Europa		
		Mother's Maiden Name	Elisabeth Krebs			Mother's Birthplace	" "		
		Name of person giving information	Lena Ramseyer ✓			How related to deceased	daughter		
		CAUSES OF DEATH				(64)			
PHYSICIAN OR CORONER		Primary	Cerebral apoplexy			How long	1 week		
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	G. V. Meacham		
						Address	Rossville Ind		
		<div style="border: 1px solid black; width: 50px; height: 50px; border-radius: 50%; display: flex; align-items: center; justify-content: center; margin: 0 auto;">  </div>							

Immanuel Cramer

Fred Lassahn & Son

Name
in
Full

William F. Remminger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ruxton</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	<u>July</u> <small>Month</small>	<u>8th</u> <small>Day</small>	<u>62</u> <small>Years</small>	<u>8</u> <small>Months</small>	<u>23</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Korthumbria Pa</u>		
Occupation <u>Station Master</u>	Where Residing if not at place of death <u>Ruxton Md</u>				
Married, <u>Single</u> <small>or Widowed</small>	Name of Wife <u>Margaret A. Remminger</u>		<u>Pa</u>		
Father's Name <u>John Remminger</u>	Father's Birthplace <u>Korthumbria Pa</u>		<u>Pa</u>		
Mother's Maiden Name <u>Mary Martin</u>	Mother's Birthplace <u>Korthumbria Pa</u>		<u>Pa</u>		
Name of person giving information <u>Margaret A. Remminger</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

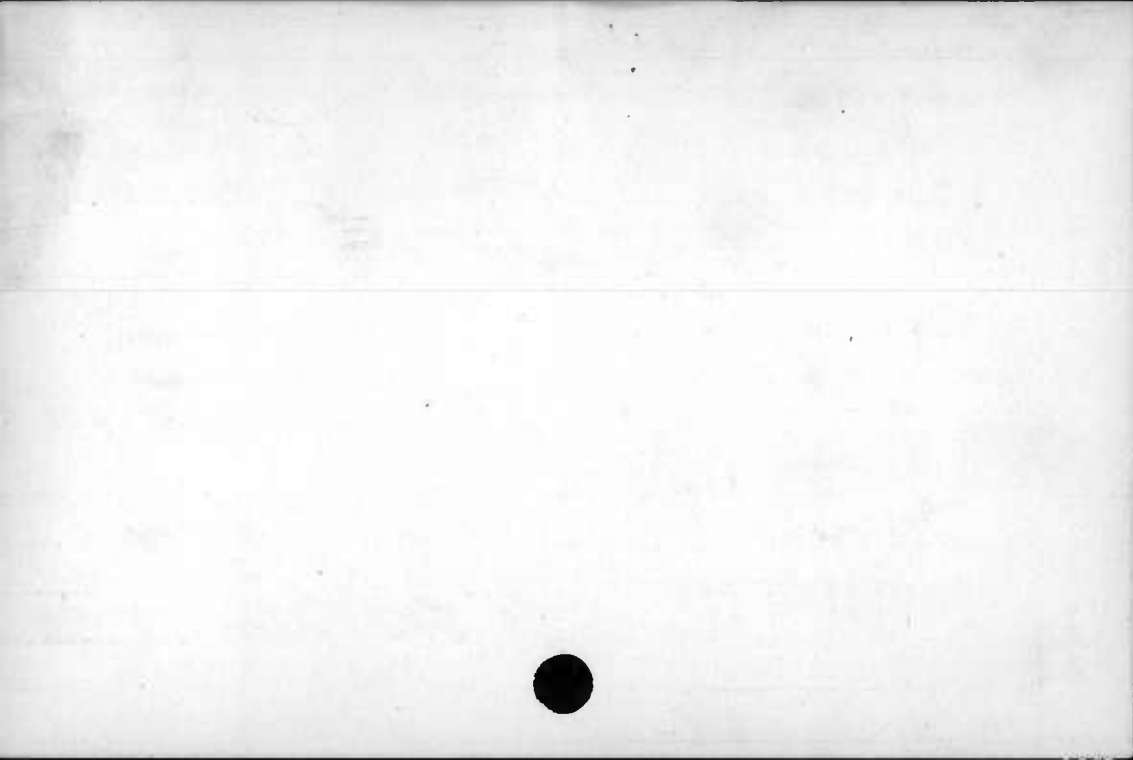
106

PHYSICIAN
OR CORONER

Primary <u>Nervous Exhaustion</u>	How long <u>Five days</u>
Immediate <u>Inflammation of Stomach & bowels</u>	How long <u>Three days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. L. Smith</u>
	Address <u>Rider Md.</u>
Accident or Suicide? <u>No</u>	

Please grant Permit
for internment at Pittsburg
Penn^a July 10th/08 and
oblige Stewart Mowen Co
July 9/08

Name in Full Samuel Robinson		CERTIFICATE OF DEATH	
Died at Sparrow's Point Town		Balto County	
Date of death 1908 Month 7 Day 7		Age — Years — Months 1 Days 3	
Sex Male		Color or Race Black	
Occupation —		Birth-place Maryland	
Where Residing if not at place of death —			
Married Single or Widowed		Name of Wife or Husband —	
Father's Name Robert Robinson		Father's Birthplace Virginia	
Mother's Maiden Name Betty Vaughn		Mother's Birthplace Virginia	
Name of person giving information Robert Robinson		How related to deceased Father	
Fractured rib — fell out of bed. Abscess at seat of fracture.		CAUSES OF DEATH	
Primary Traumatic Pneumonia		How long 3 days	
Immediate Exhaustion		How long 1 hour	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician G. H. McCormick M.D.	
Address Robt. Robinson, near junction with Chesapeake		Address Sparrow's Point	
Accident or Suicide? Accident.			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Jennie Salisbury* Town *Govauds.* County *Baile*

Died at *Govauds.*

Date of death *1908* Month *7* Day *3* Age *25* Years Months *—* Days *—*

Sex *Female* Color or Race *White-Russian* Birth-place *Russia*

Occupation *Housewife* Where Residing if not at place of death *1813 E. Baile St*

Married, Single or Widowed *married* Name of Wife or Husband *Robt. Salisbury*

Father's Name *Moses Faber* Father's Birthplace *Russia*

Mother's Maiden Name *Mary Faber* Mother's Birthplace *Russia*

Name of person giving information *Husband* How related to deceased *Husband*

CAUSES OF DEATH

61

How long *4 days*

How long *24 hours*

PHYSICIAN
OR CORONER

Primary *Meningitis*

Immediate *Cardiac Inanition*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W.S. Carswell md*

Address *2 W. 25th St*

Accident or Suicide? *—*

May Levinson 1620 m^c Eldery

Removal to 1813 E Baltimore St

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Halberga. Schaffer* Town *Hoffmanville* County *Balto.*

Died at *Hoffmanville*

Date of death *1908* Month *July* Day *12* Age *70* Years Months *—* Days *26*

Sex *Female* Color or Race *White* Birth-place *Germany*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Carroll Schaffer*

Father's Name *Adam Geis* Father's Birthplace *Germany*

Mother's Maiden Name *Sauer* Mother's Birthplace *—*

Name of person giving information *Aunt. Spahr* How related to deceased *Daughter*

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary *Chronic Bronchitis* How long *about 5 yrs.*

Immediate *Paralysis* How long *36 hrs.*

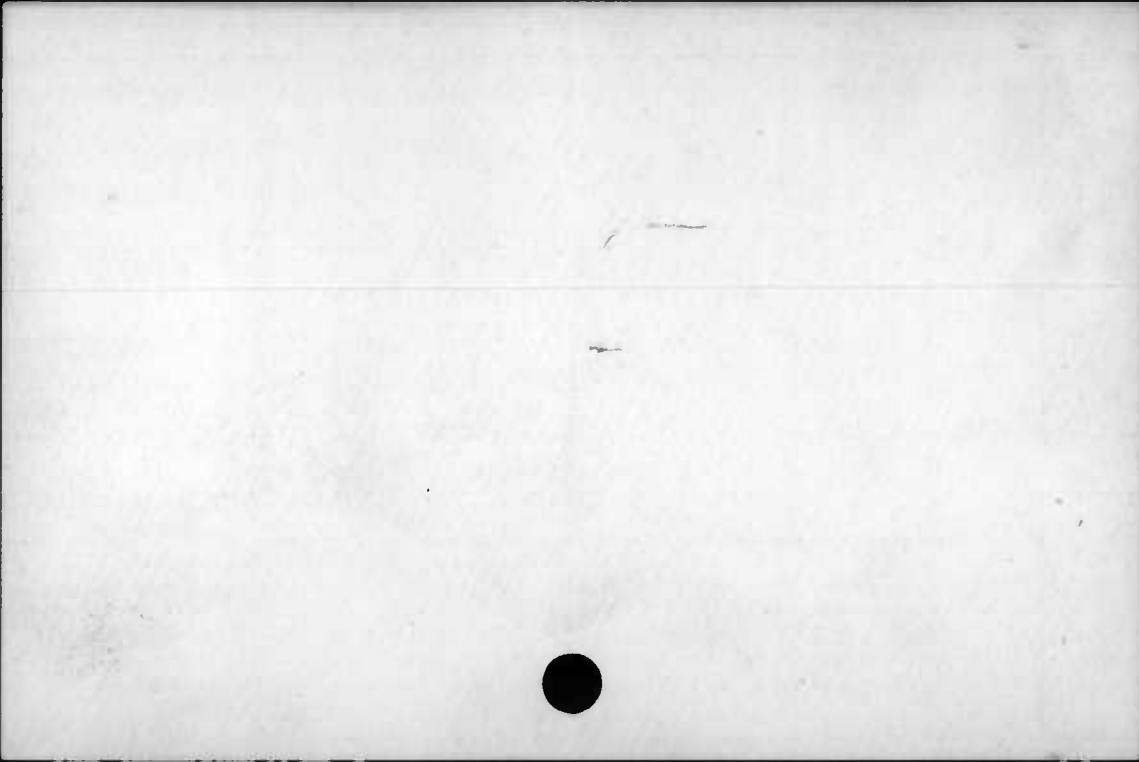
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. R. Albarrach M. D.*

Address *Glen Rock Pa.*

R. F. G. #1.

Accident or Suicide? *9*



Name
in
Full

CERTIFICATE OF DEATH

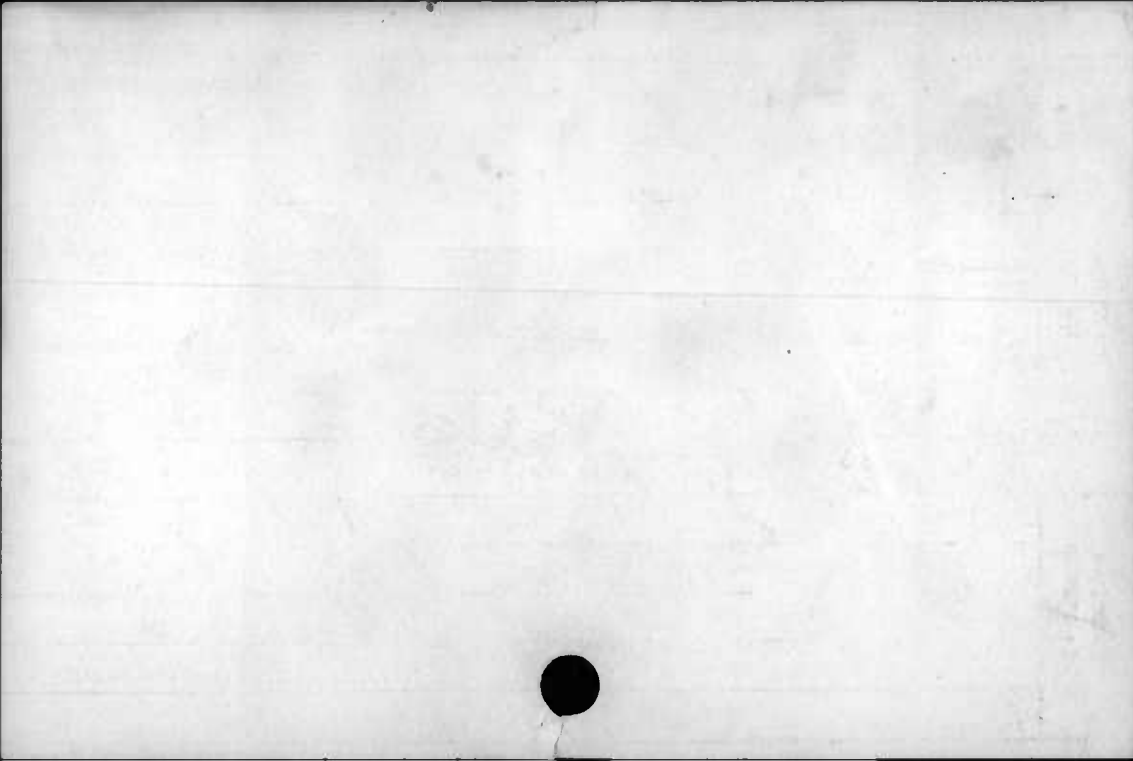
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Sturmus Schaeffer		Town 3409 Foster Ave		County Balto		MARYLAND	
Died at		Date of death		Age		Months Days	
1908		July		65			
Sex Male		Color or Race White		Birth-place Germany			
Occupation Laborer		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband Unknown					
Father's Name Unknown		Father's Birthplace Germany					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased 157					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause of Death Suicide by Hanging		How long	
Immediate Cause of Death		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. S. Sudler M.D.	
		Address 3386 E. Balto St	
Accident or Suicide?			



Name in Full Thelma M. Schaible		CERTIFICATE OF DEATH	
Died at 337 Md. West Port ^{Town}		Balto ^{County}	
Date of death 1908 ^{Month} July ^{Day} 18		Age 2 months ^{Months} 4 ^{Days} 12	
Sex Female		Color or Race white	
Occupation Infant		Birth-place Balto Co.	
Where Residing if not at place of death West Port			
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name Arthur Schaible		Father's Birthplace Balto Co	
Mother's Maiden Name May N. Hoffmann		Mother's Birthplace Balto Co	
Name of person giving information Arthur Schaible		How related to deceased Father	
CAUSES OF DEATH			
Primary Diarrhoea & Enteritis		How long 10 days	
Immediate Convulsions		How long 2 hours	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. H. Nicholas	
		Address 30 N. Fulton Ave	
Accident or Suicide?			

A. S. Marshall

3539 Falls Road

July 19-1908

Landown Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Scheid*

Died at *Gardenville* *Balto.* County

State *MARYLAND*

Date of death *1908* Month *7* Day *9* Age *77* Years Months *+* Days *-*

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *None* Where Residing if not at place of death *Bowley Lane Furley Ave*

Married, Single or Widowed *Widower* Name of Wife or Husband *Louisa Scheid*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *"* Mother's Birthplace *"*

Name of person giving information *Henry Scheid* How related to deceased *Son*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Senility* How long

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. S. Shores*

Address *1504 E. Eager St
Baltimore*

Accident or Suicide? *no*

Western bem.

Herrig Jan

7/12/08

Name
in
Full

Roland Shepsty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Weston</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>7</i>		Day <i>19</i>		Age <i>8</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore Md</i>			
Occupation <i>No Occupation</i>		Where Residing if not at place of death <i>421 W. West St</i>					
Married, Single or Widowed <i>Child</i>		Name of Wife or Husband _____					
Father's Name <i>John Shepsty</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Catherine Smith</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Walter B. Johns</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	<i>Rolling Spring gardens</i>		How long	_____
Immediate	<i>Drowning</i>		How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>August W. Miller Coroner</i>	
			Address <i>Mt. Union</i>	
Accident or Suicide?		<i>Accident</i>	<i>Baltimore Md</i>	

William L. Dickner

Western Century

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County	
Poplar Heights				Baltimore	
Date of death		Month	Day	Years	Months
1904		July	11		2
Sex		Color or Race		Birth-place	
Female		White		Poplar Heights	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		Father's Birthplace			
Michael Scheritz		Poland			
Mother's Maiden Name		Mother's Birthplace			
Mary G. Scheritz		Poland			
Name of person giving information		How related to deceased			
Michael Scheritz		Teacher			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	Coronary
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		W. S. Sudler M.D.	
Address			
		3336 E. Baltimore St.	
Accident or Suicide?		Highlandtown ind	

Joseph Gorsowski
1703 Alice Avenue
St Stanislaus

Name
in
Full

Mrs Annie Schott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hight and town</i>		Town <i>Balti</i>		County		MARYLAND	
Date of death	1908	Month	7	Day	11	Age	Years 42
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Germany</i>
Occupation	<i>House-wife</i>		Where Residing if not at place of death		<i>3508 Clairmont</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>George Michael Schott</i>		
Father's Name	<i>John Metz</i>				Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Annie Metz</i>				Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>George Michael Schott</i>				How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

140

PHYSICIAN
OR CORONER

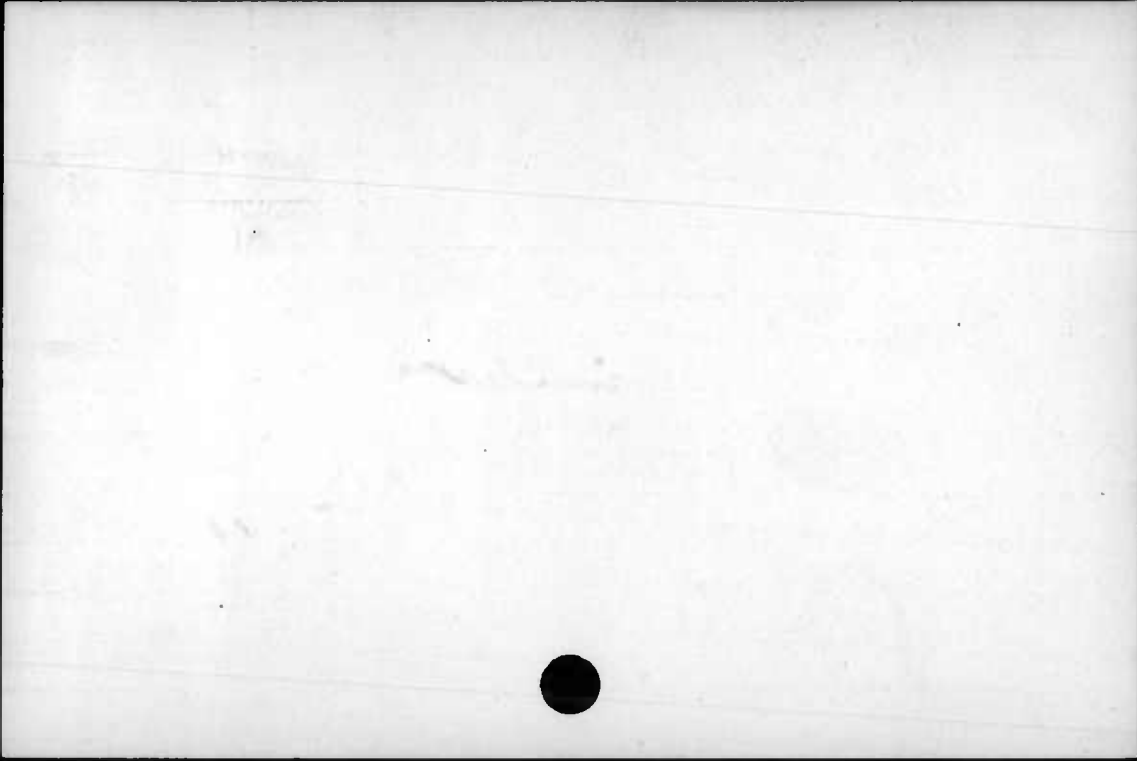
Primary	<i>Child birth</i>		How long	<i>36 hours</i>
Immediate	<i>Uræmia, Exhaustion</i>		How long	<i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>Geo. L. Maxwell</i>
			Address	<i>32 Gough</i>
Accident or Suicide?	<i>No</i>		<i>Hight and town Md</i>	

Oak Lawn cemetery.

J Herwig sen

7/14/08

Name in Full		Paul J. Schultz				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Gardenville ^{Town}		Balt. ^{County}		MARYLAND	
	Date of death	1908	Month 7	Day 7	Age 1	Years 1	Months 0 Days 14
	Sex	M.		Color or Race	W.		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Chas. F. Schultz				Father's Birthplace	Balt. Ind.
PHYSICIAN OR CORONER	Mother's Maiden Name	Catherine Winkler				Mother's Birthplace	Balt. Ind.
	Name of person giving information	Chas. F. Schultz				How related to deceased	Father.
	CAUSES OF DEATH					169	
	Primary	Marasmus				How long	11 months
Immediate	Weak Prostration				How long	36 hours.	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		A. L. Wilkinson	
Accident or Suicide?		Neither		Address		Raspeburg, Ind.	



Name in Full		Certificate of Death			
Barolisa Schwabenhauser		MARYLAND			
Died at North Point Road		County Baets			
Date of death 1908		Month July	Day 20	Age 65	Months 7
Sex Female		Color or Race white		Birth-place Germany	
Occupation Housework		Where Residing if not at place of death			
Married, Single or Widowed Widowed		Name of Wife or Husband John Schwabenhauser			
Father's Name Unknown		Father's Birthplace Germany			
Mother's Maiden Name Unknown		Mother's Birthplace Germany			
Name of person giving information Mrs. Kinsman		How related to deceased		Daughter	
CAUSES OF DEATH					
Primary General debility		How long 2 or 3 years.			
Immediate Goats - Enteritis		How long 2 weeks			
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician Dr. F. A. Slantz			
		Address 41 Eastern Ave E.L.			
Accident or Suicide?					

Oak Lamm kern.

Herrwigson

7/23/68

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name *Helen Oredia Scott* Town *Rayville* County *Baltimore* MARYLAND

Died at *Rayville*

Date of death *1908* Month *7* Day *7* Age *18* Years *1* Months *7* Days

Sex *Female* Color or Race *White* Birth-place *md*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *E. D. Scott* Father's Birthplace *N.Y.*

Mother's Maiden Name *J. Belle Cooper* Mother's Birthplace *md.*

Name of person giving information *E. D. Scott* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

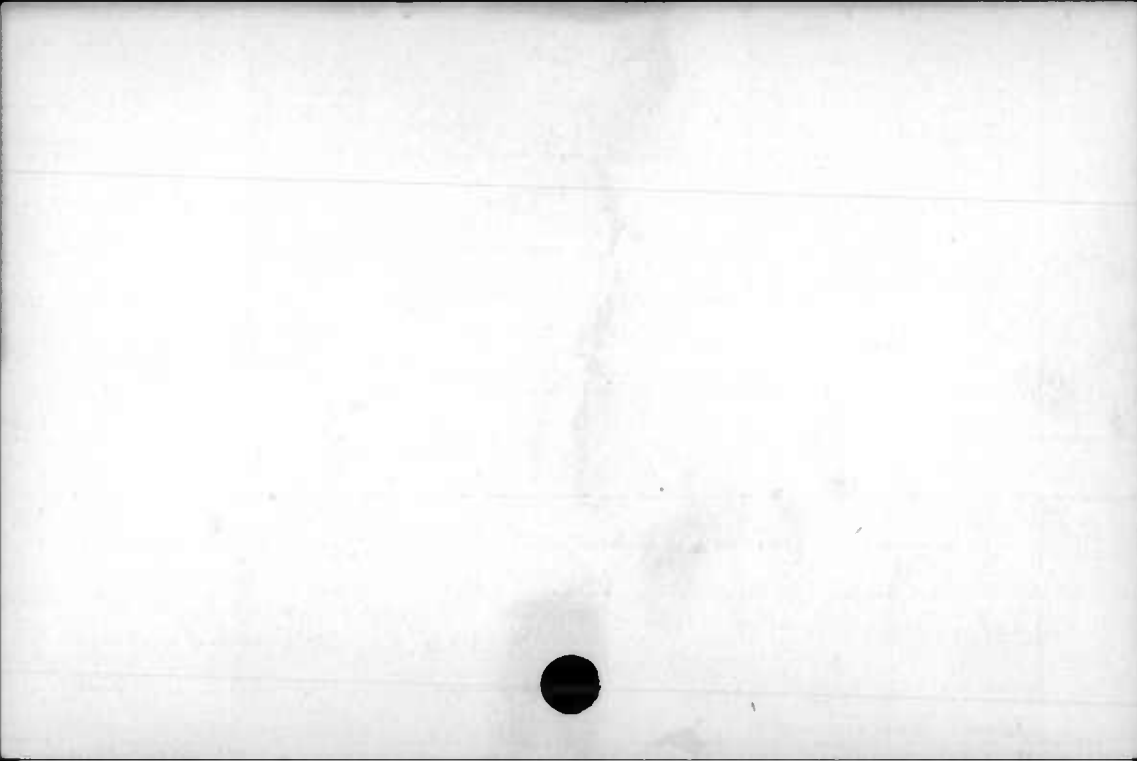
Primary *Acute Pulmonary Tuberculosis* How long *about 1 year*

Immediate *Aspiration* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. H. Heyde, M.D.* Address *Rockton*

Accident or Suicide? *No*



Name
in
Full

Henry C. Scribner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

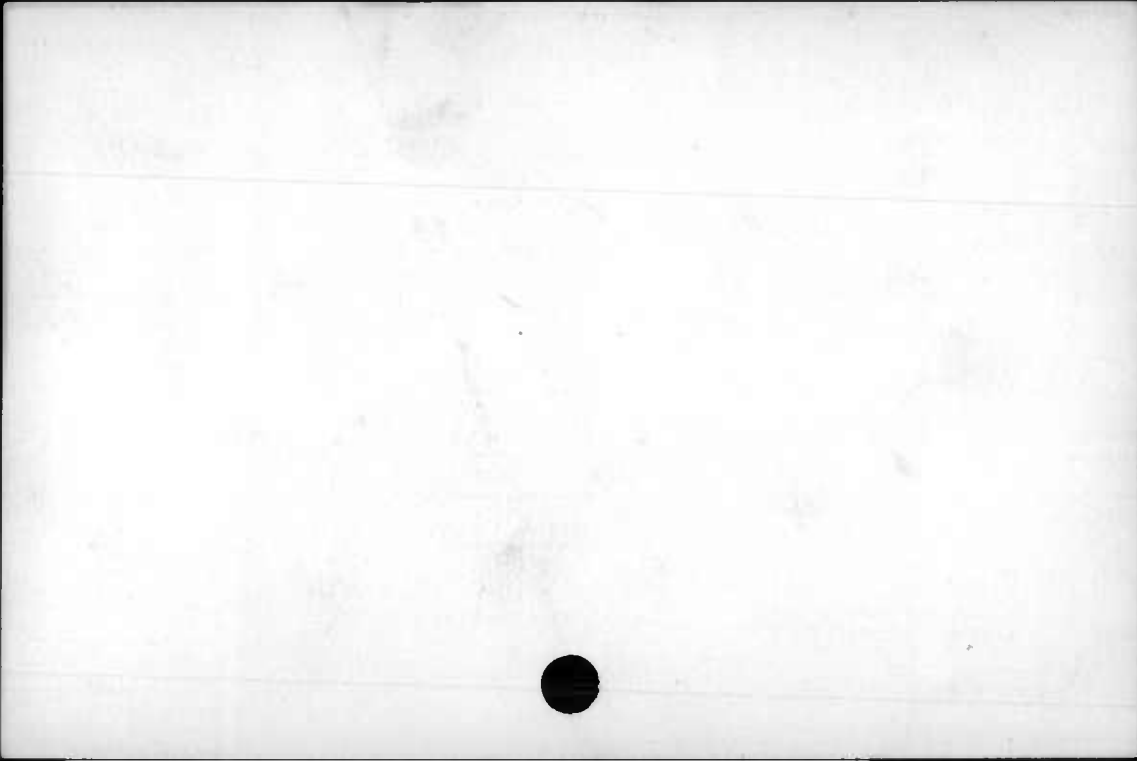
Died at <u>Bella</u> Town		<u>Balto</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>29</u>	Age <u>—</u>	Months <u>4</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>Bella</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>Henry Delay Scribner</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Mary Laferty</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Henry C. Scribner</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Summer Complaint</u>	How long <u>6 wks</u>
Immediate <u>Exhaustion</u>	How long <u>12 hrs</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. C. Stone</u>
	Address <u>Ellicott City</u>
Accident or Suicide?	



Name
in
Full

Seiler

CERTIFICATE OF DEATH

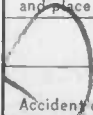
TO BE ANSWERED BY
NEAREST FRIEND

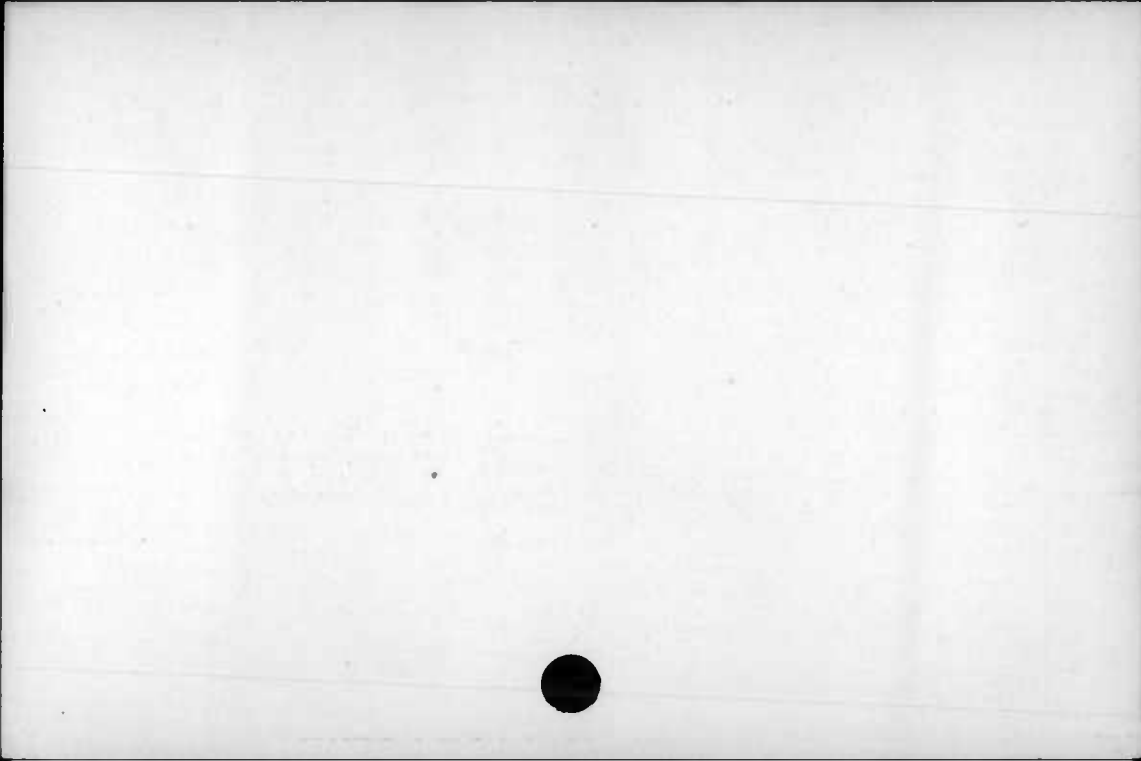
MARYLAND

Died at <u>Baltimore</u> ^{Town}		<u>Balt</u> ^{County}	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>1</u>	Age <u>6 months in utero</u> ^{Years} <u>—</u> ^{Months} <u>—</u> ^{Days} <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>	
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Henry Max Seiler</u>	Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Florence Preis</u>	Mother's Birthplace <u>Baltimore</u>		
Name of person giving information <u>Florence Seiler</u>	How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still Born</u>	How long <u>—</u>
Immediate <u>Premature Birth</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>D. B. Stumpf</u>
	Address <u>Baltimore</u> <u>Md</u>
Accident or Suicide?	



Name
in
Full

John B. Tener

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

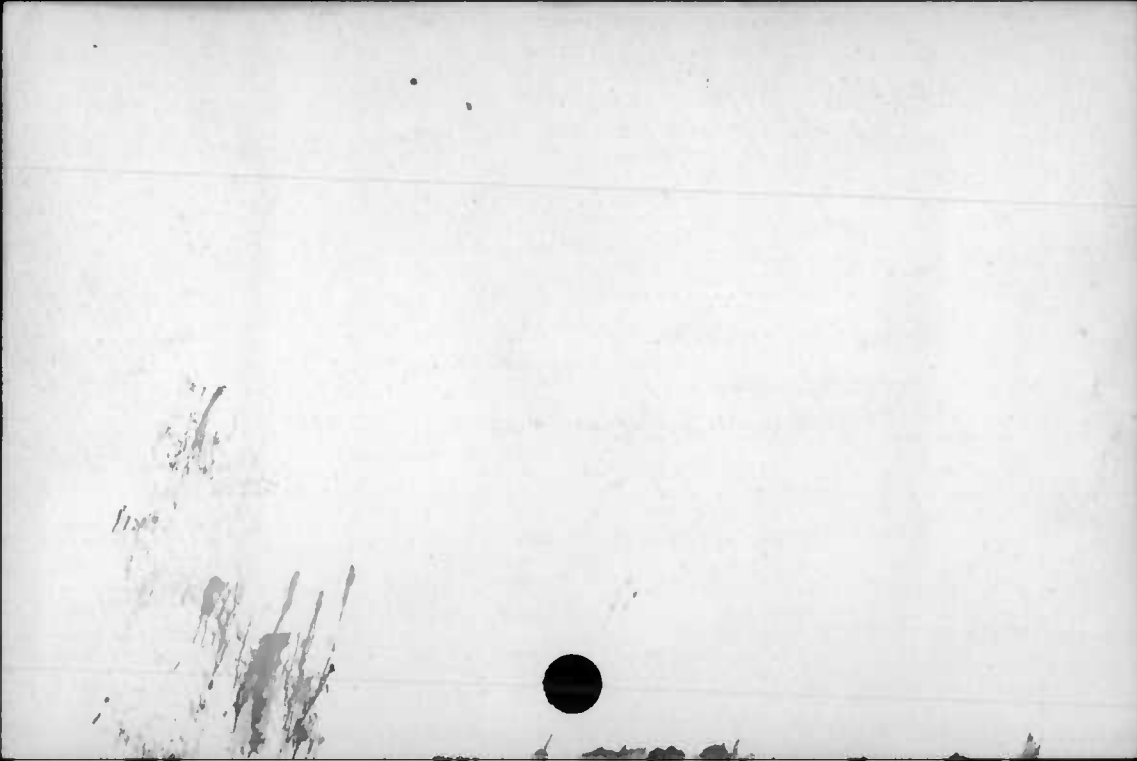
Died at		Town <i>Entaw Heights</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		1908	Month <i>July</i>	Day <i>6th</i>	Age <i>20</i>	Months <i>2</i>	Days <i>1</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Balto Md</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John C. Tener</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Josephine Glasby</i>		Mother's Birthplace <i>Balto Md</i>					
Name of person giving information <i>Wendell Dippel</i>		How related to deceased <i>—</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>2 weeks</i>
Immediate	<i>Aschemia</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. T. Becker</i>	
		Address <i>1904 E. Mayette St.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

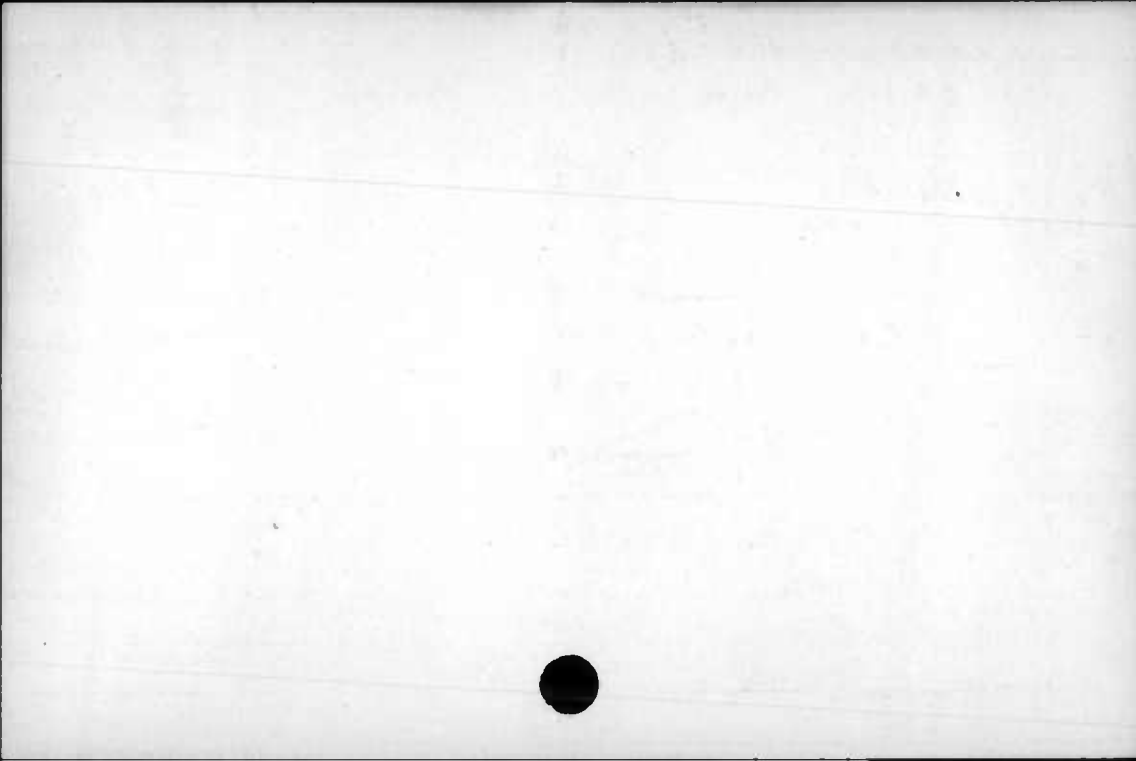
Died at <i>North Point</i> Town <i>Balto</i> County		MARYLAND	
Date of death	1908	Month	7
		Day	10
		Age	Years —
		Months	6
		Days	26
Sex	Male		Color or Race
			White
Occupation	—		Birth-place
			North Point
Where Residing if not at place of death		—	
Married Single or Widowed		Name of Wife or Husband	
Father's Name		Adam Sherkberg	
Mother's Maiden Name		Frensch Blat	
Name of person giving information		Adam Sherkberg	
Father's Birthplace		Poland	
Mother's Birthplace		Austria	
How related to deceased		Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	5 days
Immediate	Exhaustion	How long	5 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. W. D. [Signature]	
Address		Sparrow's Point Md	
Accident or Suicide?		—	



Name
in
Full

CERTIFICATE OF DEATH

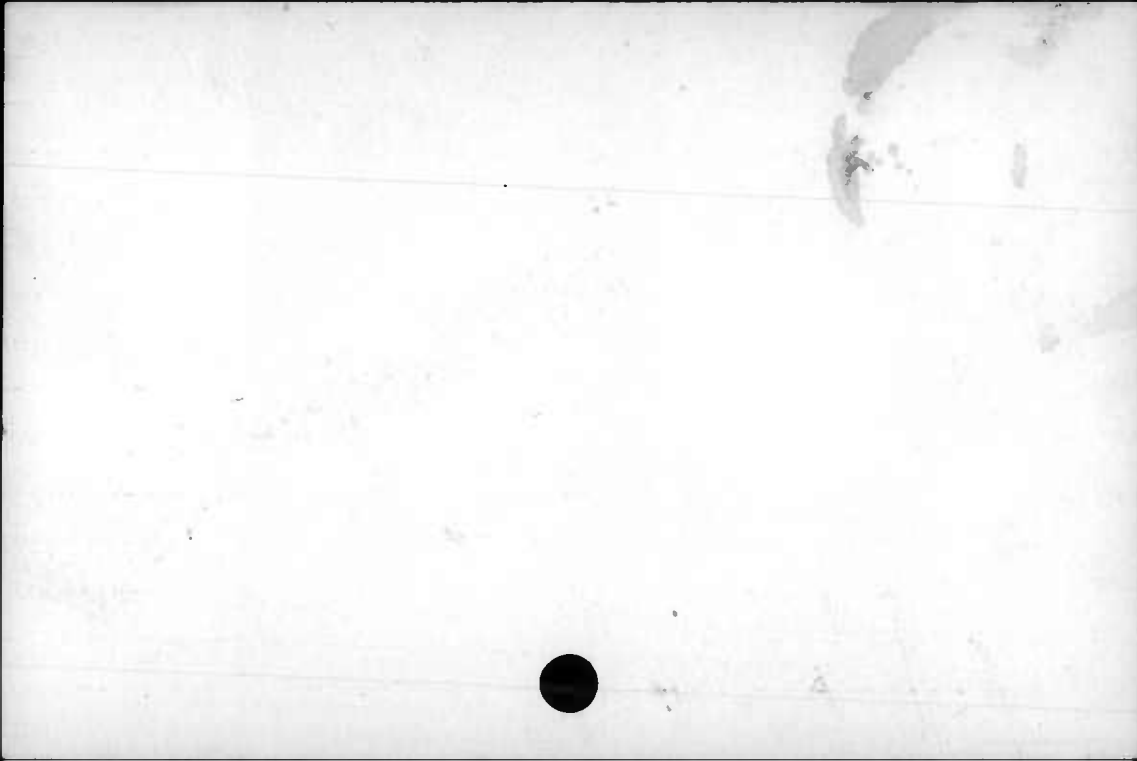
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glyndon</i>		Town <i>Shuster</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1908		Month <i>July</i>		Day <i>6</i>		Age <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Glyndon Park</i>		Months <i>—</i> Days <i>—</i>	
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>E W C Shuster</i>				Father's Birthplace <i>Balto Md</i>			
Mother's Maiden Name <i>Wynne V. Shuster</i>				Mother's Birthplace <i>Balto Md</i>			
Name of person giving information <i>Thos F Shuster</i>				How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Steele Bann</i>	How long	<i>—</i>
Immediate	<i>X</i>	How long	<i>X</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos Price</i>	
		Address <i>Glyndon Md</i>	
Accident or Suicide?			



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Raspeburg		County Ballwin		MARYLAND	
Date of death	1908	Month July	Day 21	Age Years	58	Months	10
						Days	4
Sex	Female		Color or Race	White		Birth- place	Germany
Occupation	Housewife			Where Residing if not at place of death Raspeburg			
Married, Single or Widowed	Married		Name of Wife or Husband	Louis Siegrist			
Father's Name	George Weiss					Father's Birthplace	Germany
Mother's Maiden Name	Margaret Samm					Mother's Birthplace	"
Name of person giving In formation	George W Siegrist					How related to deceased	Son

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Ends carditis + Mitral Incompetence		How long	3 months
Immediate	Dyspnoea		How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Joseph B. Webster MD	
			Address Raspeburg md	
Accident or Suicide?		No		

1
Put. Canal Cemetery.

H. Taylor & Sons.

July 20th 18.

Name
in
Full

Louis H. Sisson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

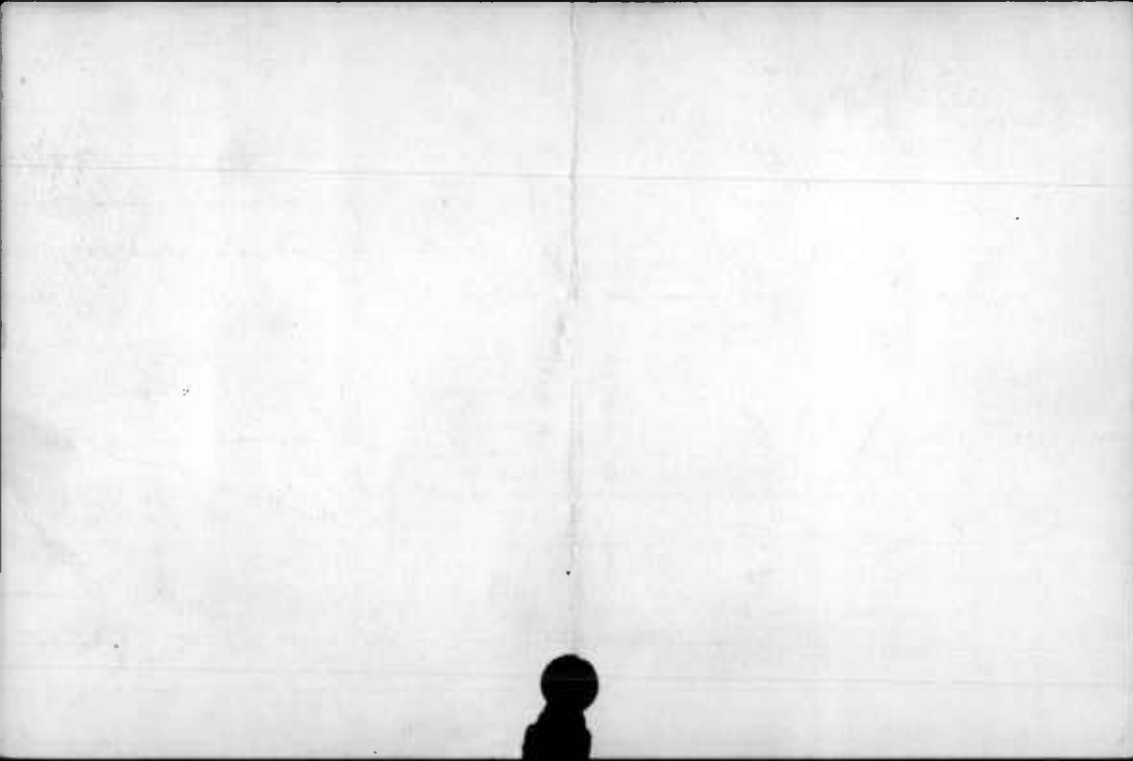
Died at <i>Hydr</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1908</i> Month <i>July</i>	Day <i>19th</i>	Age <i>74</i> Years	Months <i>11</i>	Days <i>24</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Virginia</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Willie A. Sisson</i>				
Father's Name <i>Wm. H. Sisson</i>	Father's Birthplace <i>Virginia</i>		Mother's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Bettie Sander</i>	How related to deceased <i>Son</i>				
Name of person giving information <i>Louis H. Sisson</i> ✓					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Valvular heart disease</i>	How long	<i>several years</i>
Immediate	<i>Heart & Kidney (Bright's)</i>	How long	<i>one year</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John A. Green</i>	
		Address <i>Hittings Md.</i>	
Accident? <i>9</i> <i>Suicide?</i>			



Name
in
Full

Buttry Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

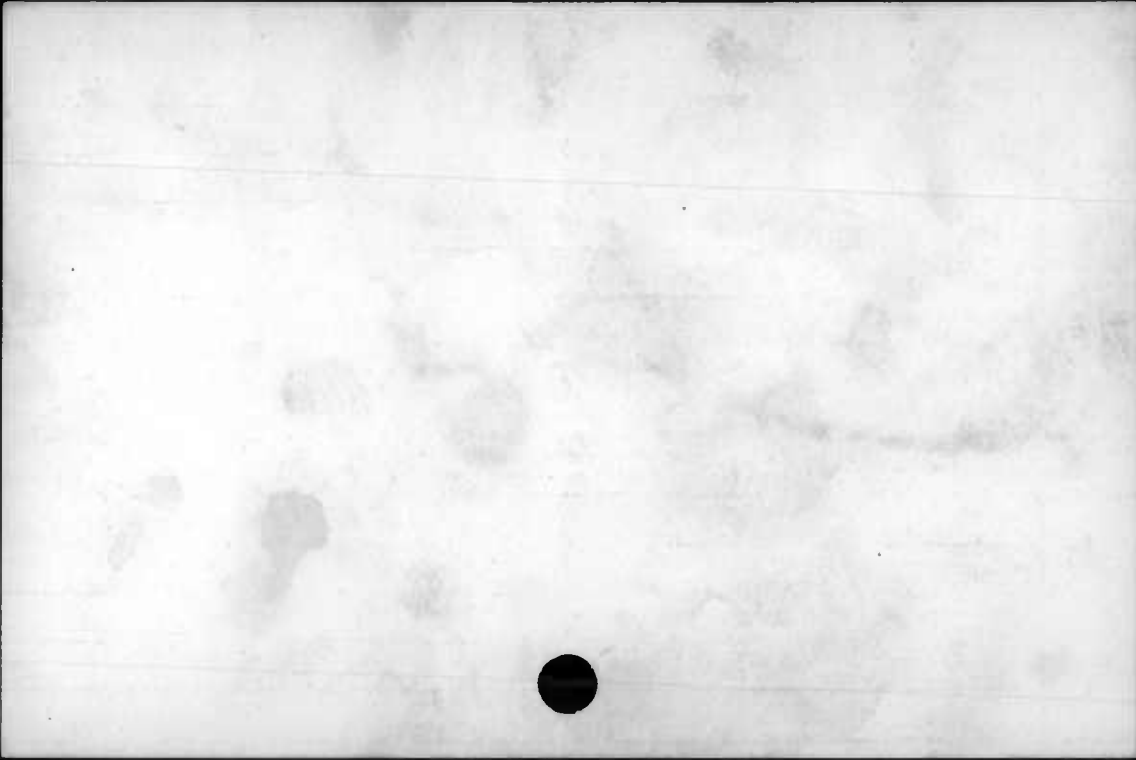
Died at		Town Spanish Point		County Baltimore		MARYLAND	
Date of death		1905	Month July	Day 7	Age —	Years —	Months 9
Sex Female		Color or Race Negro		Birth-place Spanish Point			
Occupation None		Where Residing if not at place of death					
Married, Single or Widowed Widowed		Name of Wife or Husband					
Father's Name Glen Smith		Father's Birthplace N. C.					
Mother's Maiden Name Sarah Dildy		Mother's Birthplace N. C.					
Name of person giving information Glen Smith		How related to deceased Father					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Gastric Carditis	How long	5 days
Immediate	Meningitis	How long	48 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		F. C. Eldred M.D.	
Address		Spanish Point Md	
Accident or Suicide?		—	



Name
in
Full

William Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

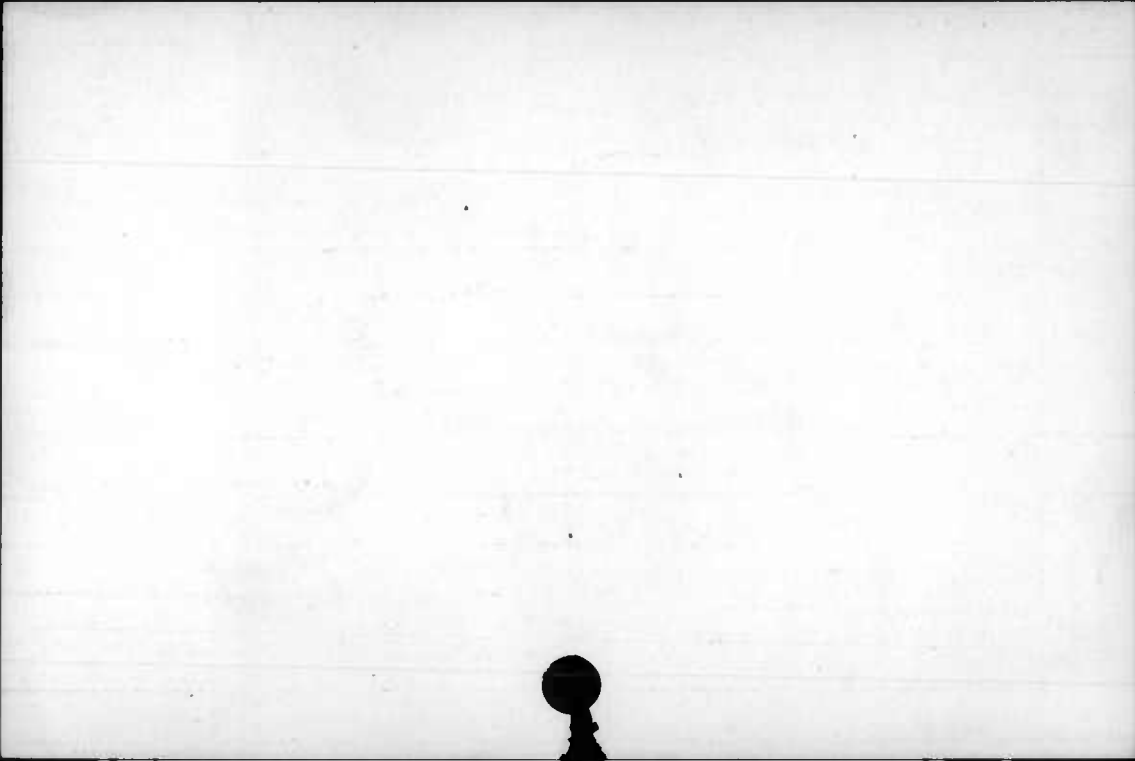
Died at		Town Baltimore		County Baltimore		MARYLAND	
Date of death	1905	Month July	Day 10	Age —	Years —	Months 6	Days —
Sex male	Color or Race Colored		Birth-place Baltimore				
Occupation M. J. J.			Where Residing if not at place of death Baltimore				
Married, Single or Widowed Widowed			Name of Wife or Husband —				
Father's Name William Smith			Father's Birthplace Unknown				
Mother's Maiden Name Lucia (?)			Mother's Birthplace —				
Name of person giving information			How related to deceased				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Also Colic	How long 2 mo.
Immediate		How long —
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. P. Smith Jr. M.D.
		Address Mr. William Md.
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

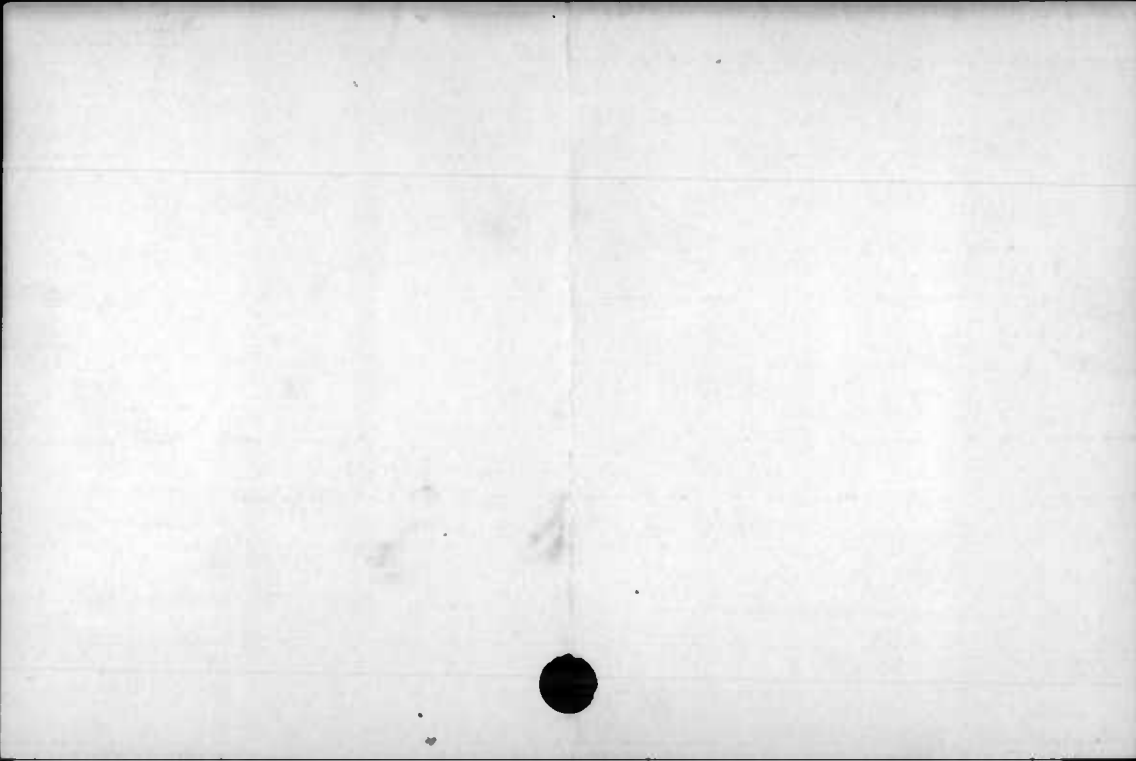
Died at <u>Gardenville</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>July</u> ^{Month}	<u>2</u> ^{Day}	Age	<u>2</u> ^{Months}	<u>2 wks</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Gardenville</u>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <u>Grant Soukup</u>		Father's Birthplace <u>Bohemia</u>			
Mother's Maiden Name <u>Barbara Klyner</u>		Mother's Birthplace <u>11</u>			
Name of person giving information <u>Grant Soukup</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

105

Primary	<u>Cholera Intoxication</u>	How long	<u>5 days</u>
Immediate	<u>Cervical Obstruction</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. J. Ryans</u>
		Address	<u>201st Oakland Ave</u>
Accident or Suicide? _____			

PHYSICIAN
OR CORONER



Name
in
Full

Magdalena Spellenberg
Town: Highlandtown County: Balto

CERTIFICATE OF DEATH

MARYLAND

Died at Highlandtown Date of death 1908 Month July Day 1 Age 57 Years Months Days

Sex: Female Color or Race: white Birthplace: Germany

Occupation: Housework Where Residing if not at place of death:

Married, Single or Widowed: Widow Name of Wife or Husband: August Spellenberg

Father's Name: Unknown Father's Birthplace: Unknown

Mother's Maiden Name: Unknown Mother's Birthplace: Unknown

Name of person giving information: Frederick Ruff How related to deceased: Son-in-law.

CAUSES OF DEATH

106

Primary: Gastro Enteritis How long: 2 weeks
Immediate: Paralysis How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician: Dr. J. A. Slantz

Address: 41 Eastern Ave. Et.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sacred Heart Con.
Hermig Jan
7/4/08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

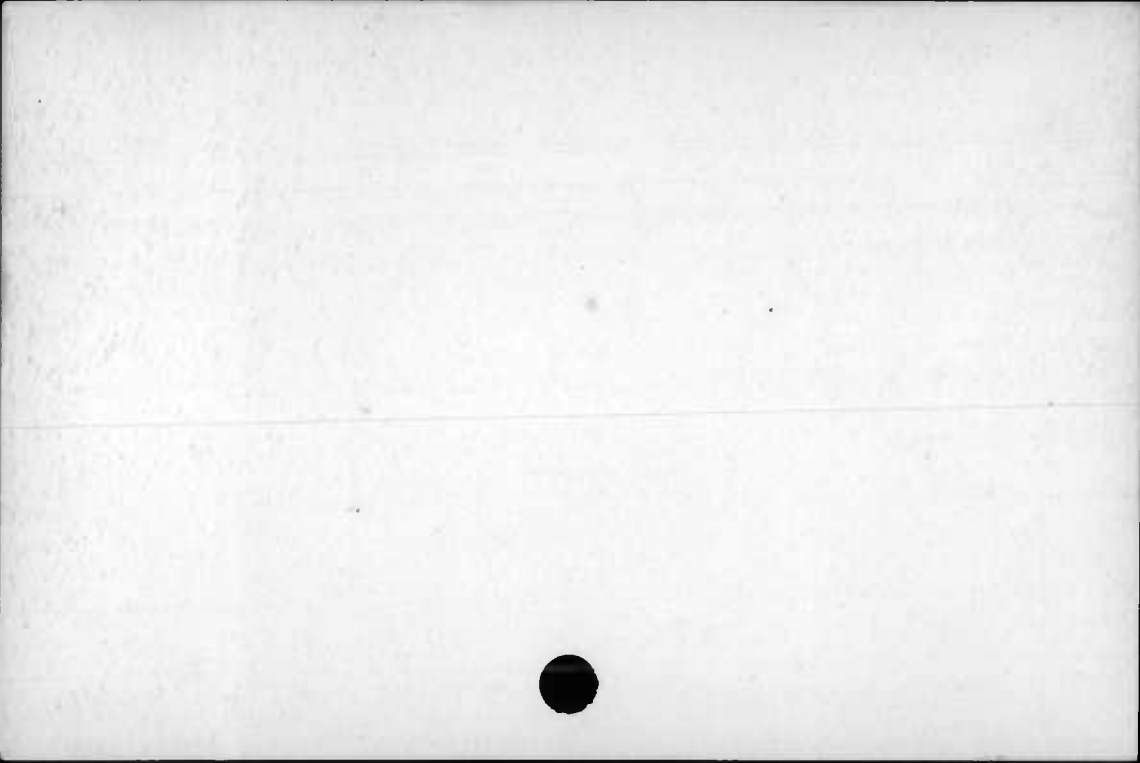
Died at <u>Baltimore</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>July</u> ^{Month}	<u>7</u> ^{Day}	Age <u>7 yrs</u> ^{Years}	<u>9</u> ^{Months}	<u></u> ^{Days}
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Baltimore</u>		
Occupation			Where Residing if not at place of death <u>Baltimore</u>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Harry Stein</u>			Father's Birthplace <u>Russia</u>		
Mother's Maiden Name <u>Rebecca Stein</u>			Mother's Birthplace <u>Russia</u>		
Name of person giving information <u>Rebecca Stein</u>			How related to deceased <u>mother</u>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infusum</u>	How long	<u>3 weeks</u>
Immediate	<u>General Collapse</u>	How long	<u>one hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. Fred Adams</u>	
		Address <u>Baltimore</u>	
Accident or Suicide? <u></u>			



Name
in
Full

Mary A Stewart

CERTIFICATE OF DEATH

Died at *Edgewood San. Billans as Bulldog* Town County

MARYLAND

Date of death *1908* Month *7* Day *21* Age *34* Years

Months Days

Sex *Female*Color or Race *White*

Birth-place

Maryland

Occupation

Where Residing if not at place of death

*2510 N. Charles St. Balto*Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *David Stewart*Father's Birthplace *Delaware*Mother's Maiden Name *~~not known~~ Sarah E Biddle*Mother's Birthplace *Delaware*Name of person giving information *David Stewart*How related to deceased *Father*

CAUSES OF DEATH

61Primary *Cerebral meningitis*How long *5 weeks*Immediate *Exhaustion*How long *3 days*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Dr. S. Garwood M.D.

Address

2 W. 25th St.

Accident or Suicide?

*Edgewood - Balto*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Post 13 Book
Middleton Heli.
July 23 1908
Essex Co

Name
in
Full

Naomi Sterner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>mt mmano</i>		County <i>Ballo</i>		MARYLAND	
Date of death	1908	Month <i>July</i>	Day <i>2</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birthplace <i>md</i>		Months <i>6</i>
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Isaac E. Sterner</i>		Father's Birthplace <i>md</i>		Mother's Birthplace <i>md</i>	
Mother's Maiden Name <i>Mary C. Better</i>		How related to deceased <i>father</i>			
Name of person giving information <i>Isaac E. Sterner</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>4 days</i>
Immediate <i>Comulsions</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. S. M. Kueffer</i>
<i>9</i>	Address <i>Monell Park</i>
	Accident or Suicide?

E. Schloman Don

Wester

Name
in
Full

Eliza Jane Stears -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lansdowne		County Baltimore		MARYLAND	
Date of death		1908	Month July	Day 2	Age Years	50	Months — Days —
Sex female		Color or Race white		Birth- place Virginia.			
Occupation Home -		Where Residing if not at place of death Lansdowne, Md					
Married, Single or Widowed Single		Name of Wife or Husband Single					
Father's Name Jacob L. Stears		Father's Birthplace Virginia.					
Mother's Maiden Name Sarah M. Limerick		Mother's Birthplace Virginia					
Name of person giving Information Musetta Brinson		How related to deceased Niece.					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	General Tuberculosis Exhaustion	How long	7 months
Immediate		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Frank H. Reuhl	
Address		Lansdowne Balt Co Md	
Accident or Suicide?		9	

William Cook

St Marys Cemetery

Hampden Ball Co.

md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sarah P. Stiles*

Town *Westport* County *Balto Calhd*

Died at *Westport*

Date of death 190*8* Month *July* Day *4th* Age *5^{Months}* Months *5* Days *19*

Sex *Female* Color or Race *white* Birth-place *Balto Calhd*

Married, Single or Widowed *Single* Occupation *None*

Name of Wife or Husband *None*

Father's Name *Isaac Stiles* Father's Birthplace *N.Y.*

Mother's Maiden Name *Sarah White* Mother's Birthplace *N.Y.*

Name of person giving information *Isaac Stiles* How related to deceased *Father*

CAUSES OF DEATH

1037

PHYSICIAN
OR CORONER

Primary *Cholera Infantum* How long *10 Days*

Immediate *Ephemerum* How long *3 Days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Edw. J. Murphy*

Address *5117 So. W. 13th District*

Accident or Suicide? *No*

Millville

New Jersey

M. Cook.

Name in Full		Rachel Esther Sullivan				CERTIFICATE OF DEATH	
		Town Glencoe		County Baltimore		MARYLAND	
Died at		Date of death		Age		Months Days	
		1908 July 13		6-7		26	
Sex		Color or Race		Birth-place			
Female		white		Hereford			
Occupation		Where Residing if not at place of death					
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
married		Artemas Sullivan					
Father's Name		Father's Birthplace					
E. Brown Sparks		Balls Co					
Mother's Maiden Name		Mother's Birthplace					
Elizabeth Anderson		Balls Co					
Name of person giving information		How related to deceased					
Mary E. Bosley		Sister					
CAUSES OF DEATH							
14							
Primary		How long					
Acute Dysentery		10 days					
Immediate		How long					
Aspiration		12 hours					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
yes		Address					
Accident or Suicide?							

Internat Boreana

July 16th

M. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Geo. B. Taylor</i>		Town <i>Pikesville</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Pikesville</i>		Month <i>7</i>		Day <i>20</i>		Years <i>78</i>	
Date of death <i>1908</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>S. Carolina</i>			
Occupation <i>School Teacher</i>		Where Residing if not at place of death <i>Pikesville</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Do not know</i>		Father's Birthplace <i>Do not know</i>					
Mother's Maiden Name <i>Do not know</i>		Mother's Birthplace <i>Do not know</i>					
Name of person giving information <i>H. H. Matthews</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

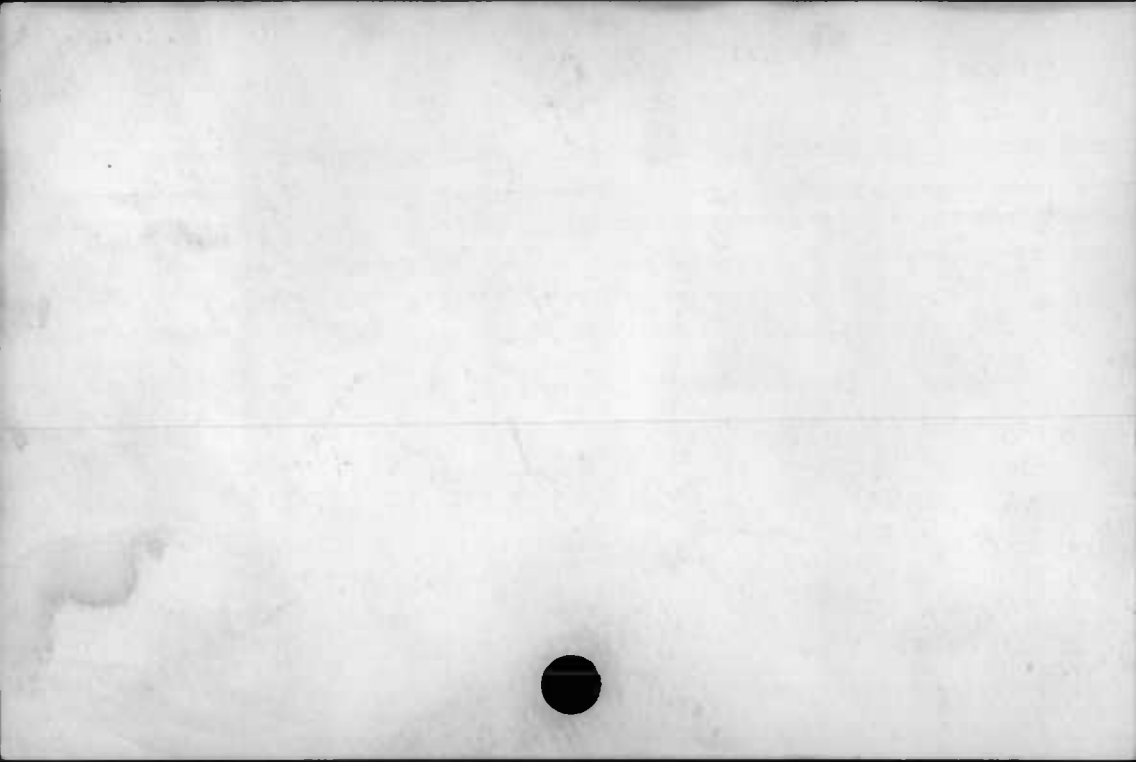
104

PHYSICIAN
OR CORONER

Primary <i>Chronic Gastritis</i>	How long <i>about 1 year</i>
Immediate <i>Exhaustion</i>	How long <i>a few weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. E. M.</i>
	Address <i>Pikesville, Md.</i>
Accident or Suicide? <i>8</i>	



Name in Full		Margaret Temple				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cella Town		Baltimore County		MARYLAND	
	Date of death	1908	Month July	Day 6	Age 67	Years 67	Months —
	Sex	Female		Color or Race	White		Birth-place Maryland
	Occupation	Housekeeper		Where Residing if not at place of death Cella			
	Married, Single or Widowed	Married		Name of Wife or Husband William Temple			
	Father's Name	John Foster				Father's Birthplace don't know	
	Mother's Maiden Name	Annie Hornwood				Mother's Birthplace don't know	
Name of person giving information	William Temple				How related to deceased Husband		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Bronchitis of Lungs				How long Cerebral	
	Immediate	Ostitis				How long —	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. M. P. McGuire		
	Address		—		—		
Accident or Suicide?							



Name
in
Full

Mary Elizabeth Thorington

CERTIFICATE OF DEATH

Died at

Gorans. Md

Town



County

Baltimore

MARYLAND

Date

of death 1908

Month

July

Day

14-

Years

Age

79

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Dorchester Co., Md

Occupation

None

Where Residing if not
at place of death

At Home

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Samuel Thorington

Father's
Birthplace

Caroline Co., Md

Mother's
Maiden Name

Roseanna _____

Mother's
Birthplace

Dorchester Co., Md

Name of person giving
Information

Nephew - V. J. Thorington

How related

Nephew

CAUSES OF DEATH

154

Primary

Senility

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John Evans MD
602 Eater Ave.,
Balto., Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

~~Wm~~ J. Fickner & Sons
Camden & Pass at
Balt's Cemetery

Name
in
Full

Tucker, Alfred Jr.

CERTIFICATE OF DEATH

Died at St. P. Hosp. Towson. ^{Town}Baltimore ^{County}

MARYLAND

Date of death 1908 ^{Month} July11 ^{Day}Age 39 ^{Years}MonthsDays

Sex

MaleColor or
RaceWhite, U.S.Birth-
placeMd.

Occupation

Bank Teller.Where Residing if not
at place of deathCenterville, Md.Married, Single
or WidowedMarriedName of Wife or
HusbandClara RoyFather's
NameAlfred TuckerFather's
BirthplaceMdMother's
Maiden NameSusanah Colley AtwellMother's
BirthplaceMdName of person giving
InformationW.R. Duntun, M.D.How related
to deceasedNone

CAUSES OF DEATH

Primary

Alcoholic & Drug Intoxication

How long

Some weeks

Immediate

Cardiac & Respiratory Syncope

How long

Half hourAre the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianW. Burgess Cornth

Address

Towson, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

2 Viewy H. Jenkins & Sons Co

place of Burial
Centerville Md

Name
in
Full

Cora Turnbaugh

6
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

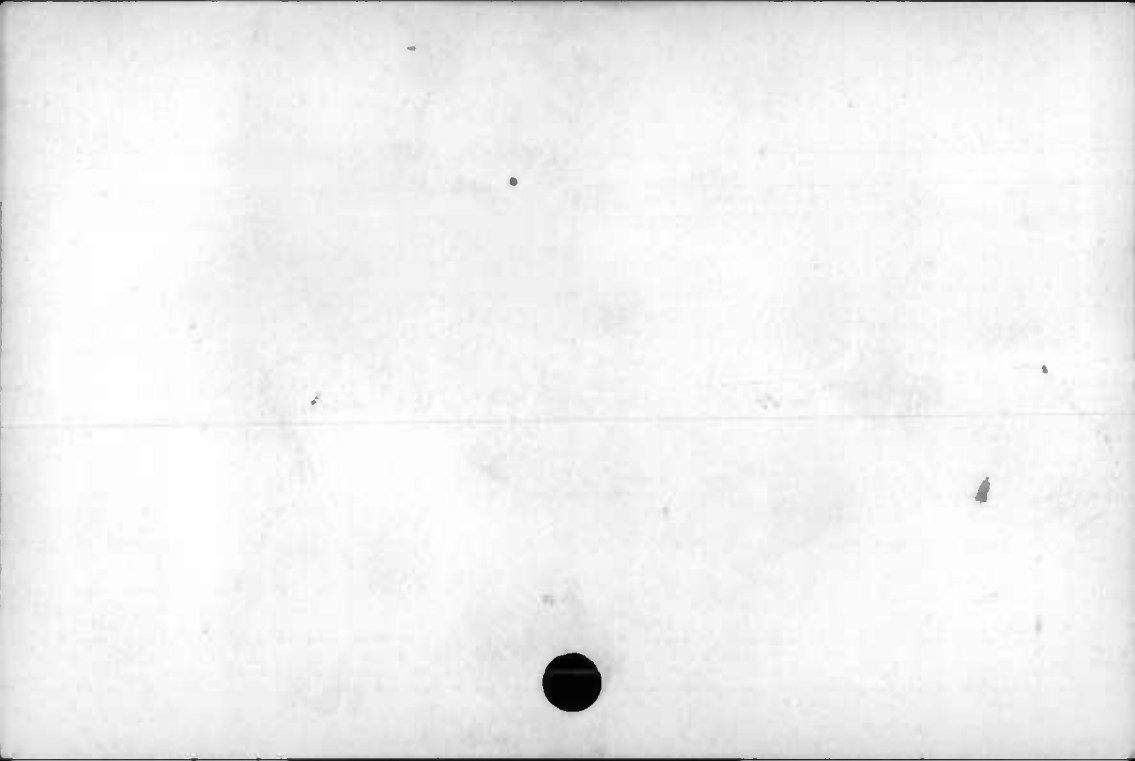
Died at		Town Hereford		County Baltimore		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death 1908		July	21			1	13
Sex		Female		Color or Race		White	
				Birth-place		Hereford, Md.	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				E. H. Turnbaugh			
Mother's Maiden Name				Laura Emma Mays			
Name of person giving information				Laura Emma Turnbaugh			
				Father's Birthplace			
				Mt. Carmel			
				Mother's Birthplace			
				Wiseburg			
				How related to deceased			
				Mother			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	3 1/2 days
Immediate	Convulsions Coma	How long	5-6 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		A. R. Mitchell	
Address		Monkton, Md.	
Accident or Suicide?			



Name

in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at <i>near Mt. Washington</i>		Town <i>Baltimore</i>		County	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>2nd</i>	Years <i>none</i>	Months <i>7</i>	Days <i>12</i>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>N. Philadelphia</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>near Mt. Washington</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>John R. Turner</i>	Father's Birthplace <i>Baltimore Co.</i>				
Mother's Maiden Name <i>Bessie Bassidy</i>	Mother's Birthplace <i>Montg. Co, Md</i>				
Name of person giving information <i>Bessie Bassidy</i>	How related to deceased <i>mother</i>				

CAUSES OF DEATH

169

PHYSICIAN
OR CORONER

Primary <i>excessive heat</i>	How long <i>several days</i>
Immediate <i>excessive heat</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Holliday Emrich</i>
	Address <i>Brlington, Md.</i>
Accident or Suicide? <i>Accident</i>	

St Johns Cemetery Ruxton
July 3 - 1902

W. S. Marshall
3539 Fall Road

Name in Full		Sadie E. Unverzagt				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Lanarville	County Balto	MARYLAND		
		Date of death		1908	Month 7	Day 13	Age Years 2	Months 6
		Sex		Female		Color or Race		White
		Occupation				Where Residing if not at place of death		Hayford Road
		Married, Single or Widowed		—		Name of Wife or Husband		—
PHYSICIAN OR CORONER		Father's Name		Jes. Unverzagt		Father's Birthplace		Balto
		Mother's Maiden Name		Annie Brooks		Mother's Birthplace		" "
		Name of person giving information		Jes Unverzagt		How related to deceased		Father
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Cholera Infantum		How long		6 days
		Immediate		Exhaustion		How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. Young Whitlock M.D.
		Accident or Suicide?		No		Address		237 Grounch ave Baltimore Md.

105

Louden. Park Cemetery
Hernig & Son

7/15/08

Name
in
Full

Clifton H. Veit

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died on <i>Chesnut Ridge</i>		Town <i>Balto. Co.</i>		County <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>9</i>	Day <i>15</i>	Age <i>44</i>	Months <i>4</i>	Days <i>17</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Chesnut Ridge</i>		
Occupation _____			Where Residing if not at place of death <i>as above</i>		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>Hurry H. Veit</i>		Father's Birthplace <i>Minneapolis</i>			
Mother's Maiden Name <i>Maggie A Bell</i>		Mother's Birthplace <i>Va</i>			
Name of person giving information <i>Hurry H Veit</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Enteric - Colitis</i>	How long <i>months</i>
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. T. G. Bussey</i>
Address <i>Texas</i>	<i>Md.</i>
Accident or Suicide? <i>9</i>	



Name
in
Full

Frederick L. Vincent

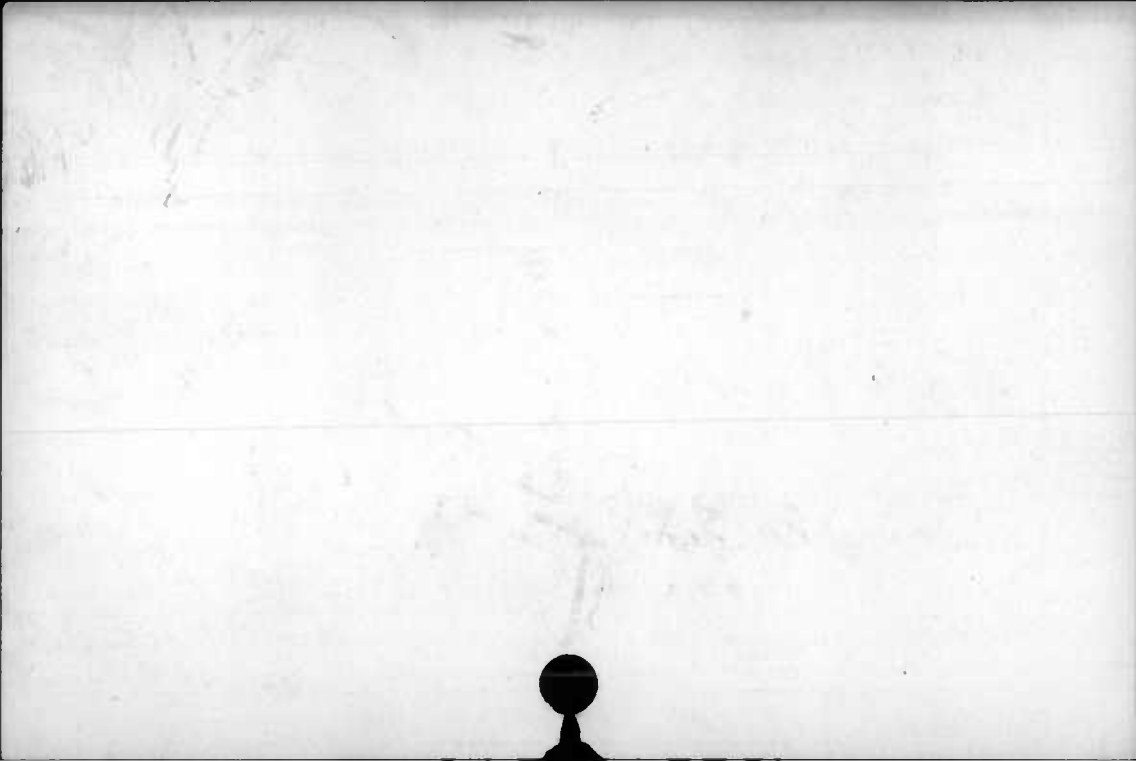
CERTIFICATE OF DEATH

Died at		Spinn's Point		County		Baltimore		MARYLAND		
Date of death		1905	Month	July	Day	25	Age	Years	Months	Days
Sex		Male		Color or Race		White		Birth-place		Spinn's Point
Occupation		None		Where Residing if not at place of death						
Married, Single or Widowed		Single		Name of Wife or Husband						
Father's Name		John A. Vincent		Father's Birthplace		Canada				
Mother's Maiden Name		Ellen Nichols		Mother's Birthplace		Md				
Name of person giving information		John A. Vincent		How related to deceased		Father				

CAUSES OF DEATH

105

PHYSICIAN OR CORONER	Primary	Gastro-Intestinal		How long	2 weeks
	Immediate	Exhaustion		How long	45 hours
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
	Address		F. C. Glendon M.D.		
Accident or Suicide?		No		Spinn's Point Md.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Philip Wagner

Died at *Lanuville* ^{Town} *Balto* ^{County} **MARYLAND**

Date of death 190 *8* ^{Month} *7* ^{Day} *21* Age *56* ^{Years} *—* ^{Months} *—* ^{Days}

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Butcher* Where Residing if not at place of death *Lanuville*

Married, Single or Widowed *Married* Name of Wife or ~~Husband~~ *Mary Wagner*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Mary Wagner* How related to deceased *Wife*

CAUSES OF DEATH

94

PHYSICIAN
OR CORONER

Primary *Pleuritis and Hepatitis* How long *6 weeks*

Immediate *Convulsions* How long *a few hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *F. A. Warner, M.D.* Address *1133 Valley St*

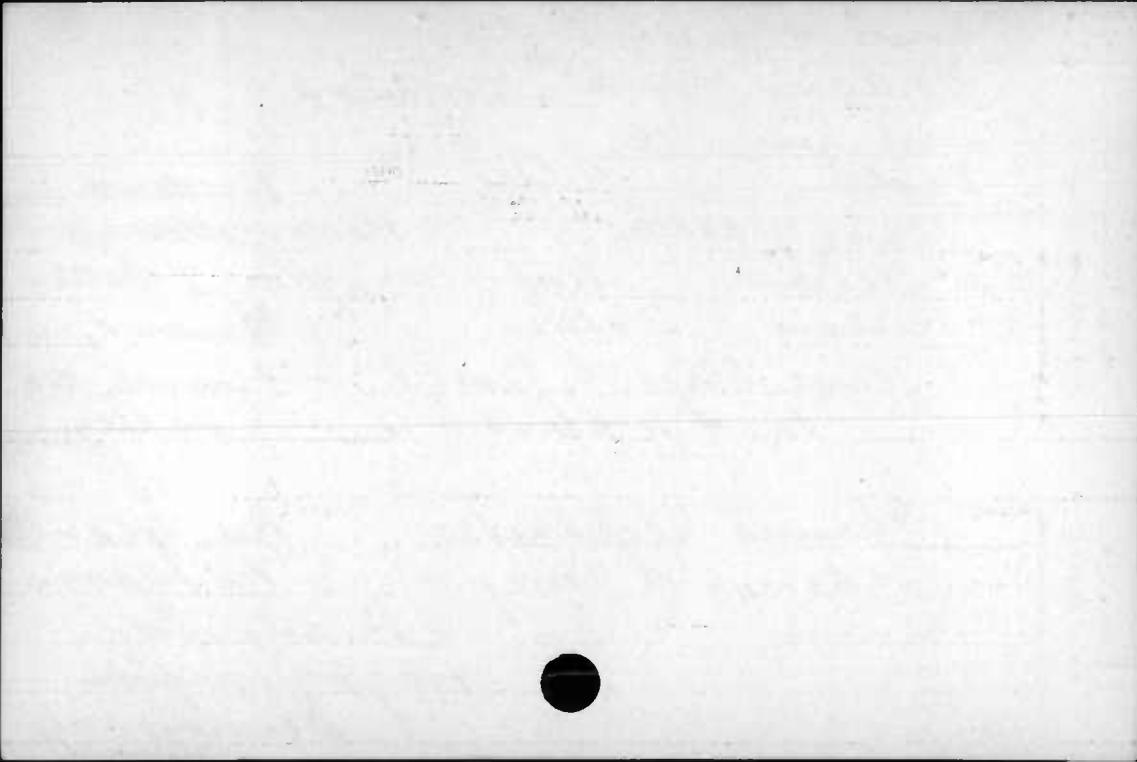
Accident or Suicide *—*

Oak Lawn Conn.

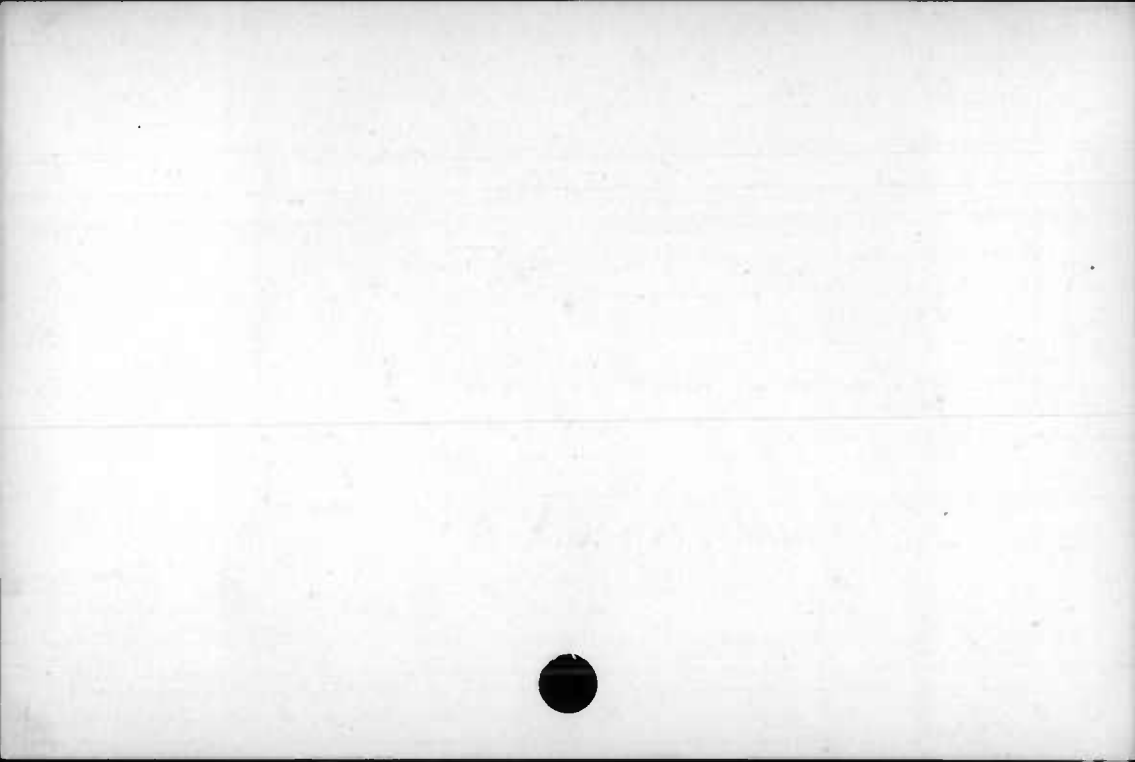
Herrigson

7/23/68

Name In Full		Elizabeth Walsh				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Mt Hope Retreat	County Baltimore	MARYLAND				
		Date of death		1908	Month July	Day 11th	Years 28	Months —	Days —	
		Sex		Female		Color or Race		White	Birth-place	Balto Co Md.
		Occupation		Sglt of Watchman		Where Residing if not at place of death		Texas Balto Co Md.		
		Married, Single or Widowed		Single		Name of Wife or Husband		—		
		Father's Name		Not Known		Father's Birthplace		Not Known		
		Mother's Maiden Name		" "		Mother's Birthplace		" "		
Name of person giving information		Recd Mt Hope Retreat				How related to deceased		not at all.		
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary				How long				
		Mania Chr. Epileptic				over 15 yrs				
		Immediate				How long				
		Ex- Status Epilepticus				3 days				
		Are the name, age, sex, color, date and place correctly given above?				Yes				
Signature of Physician		Frank J. Flannery								
Address		Mt Hope Retreat Md. Hope Md.								
Accident or Suicide?		—								



Name In Full		Charles Dorsey Waters				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		St. Agnes' Hospital		Baltimore		MARYLAND
	Date of death		1908	July	14	Age 41	
	Sex		Male		Color or Race		White
	Birth-place		Frederick, Md.				
	Occupation		Band Master		Where Residing if not at place of death		
	1524 Bolton St.						
	Married, Single or Widowed		Married		Name of Wife or Husband		
Wife - Mrs Mizzie Waters							
Father's Name		Richard C. Waters				Father's Birthplace	
Frederick, Md.							
Mother's Maiden Name		Ann Elizabeth Smith				Mother's Birthplace	
Frederick, Md.							
Name of person giving information		R. C. Waters				How related to deceased	
Father							
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Chronic Nephritis				How long
	One year						
	Immediate		Edema of lungs				How long
	12 hours						
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		E. P. Sandrock		
Address		St. Agnes' Hospital					
Baltimore, Md.							
Accident or Suicide?		9					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rickesville</i> <small>Town</small> <i>Balto-</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Month</small> <i>17</i> <small>Day</small>	<i>17</i> <small>Years</small>	<i>11</i> <small>Months</small> <i>15</i> <small>Days</small>
Sex	<i>Female</i>	Color of Race	<i>White</i>
Occupation	<i>None</i>	Birth-place	<i>Balto Co Md</i>
Where Residing if not at place of death		<i>Rickesville Md</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>-</i>
Father's Name	<i>Nelson Wiseman</i>	Father's Birth-place	<i>Balto Co Md</i>
Mother's Maiden Name	<i>Ratie Schagr</i>	Mother's Birth-place	<i>Md</i>
Name of person giving information	<i>Nelson Wiseman</i>	How related to deceased	<i>father</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>1 day</i>
Immediate	<i>Cardiac Insufficiency</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>A. C. Smith</i>
<i>Yes</i>		Address	<i>Woodlawn St Md.</i>
Accident or Suicide?			

Mr Oliver Penn
J. M. B. Cook

Name in Full		Rev Charles H Williams				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town London	County Baltimore		MARYLAND	
	Date of death 190		Month July	Day 2nd	Years 78	Months —	Days —
	Sex		Male		Color or Race	Black	
	Married, Single as Widowed		Occupation Minister				
	Name of Wife or husband Mary Jane						
	Father's Name unknown				Father's Birthplace do not know		
	Mother's Maiden Name do not know				Mother's Birthplace do not know		
Name of person giving information Williams				How related to decedent		Son	
				CAUSES OF DEATH		123	
PHYSICIAN OR CORONER	Primary		Cystitis with retention of urine				How long Four months
	Immediate		Coma				How long 30 hours
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. H. Lanett
	Address		London				
Accident or Suicide?							

under the

Robert-A. Elliott

506 Rogers Ave. Balto
md

Bare Hill Cemetery
Ruxton

Name
in
Full

William Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Wister		County Baltimore		MARYLAND	
Date of death		Month 8	Day 14	Age —	Years —	Months 5	Days —
Sex Male		Color or Race Col		Birth- place Baltimore			
Occupation In fork		Where Residing if not at place of death Baltimore					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name —		Father's Birthplace —					
Mother's Maiden Name —		Mother's Birthplace —					
Name of person giving Information —		How related to deceased —					

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary
Broncho pneumonia

Immediate
Septicemic pneumonia

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

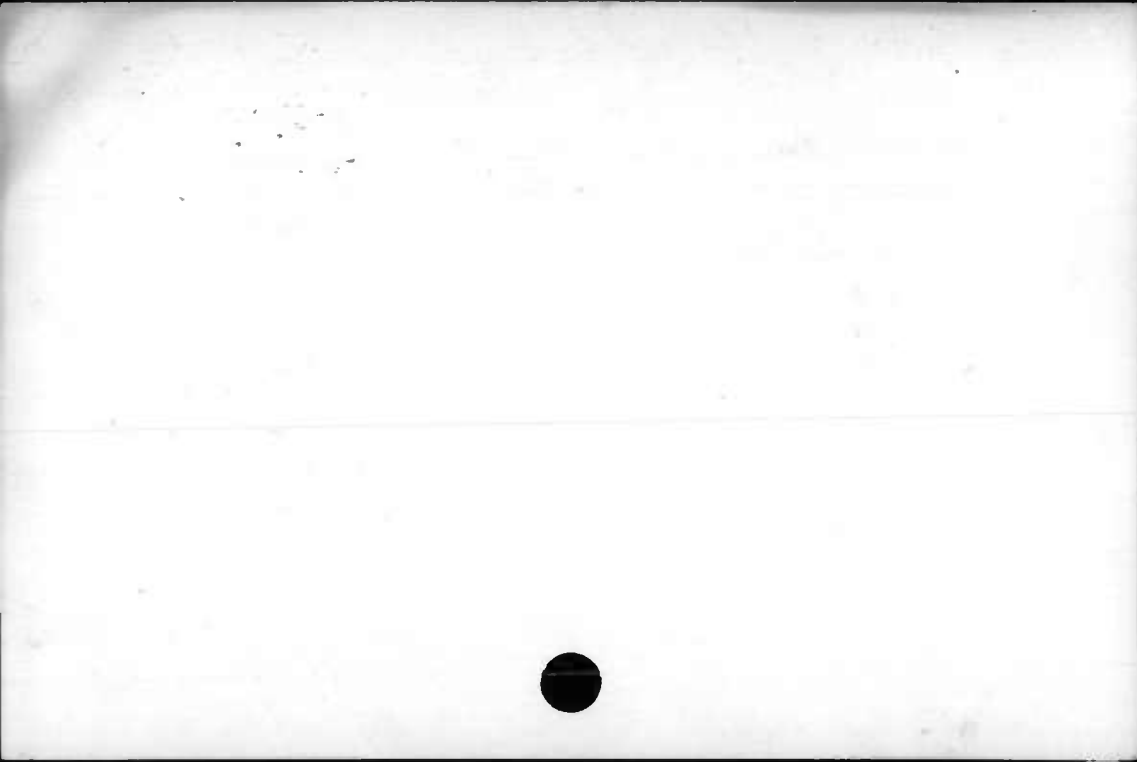
Address

John Knepper M.D.

Mt Wister

md.

Accident or Suicide



Name
in
Full

Chas Winkler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

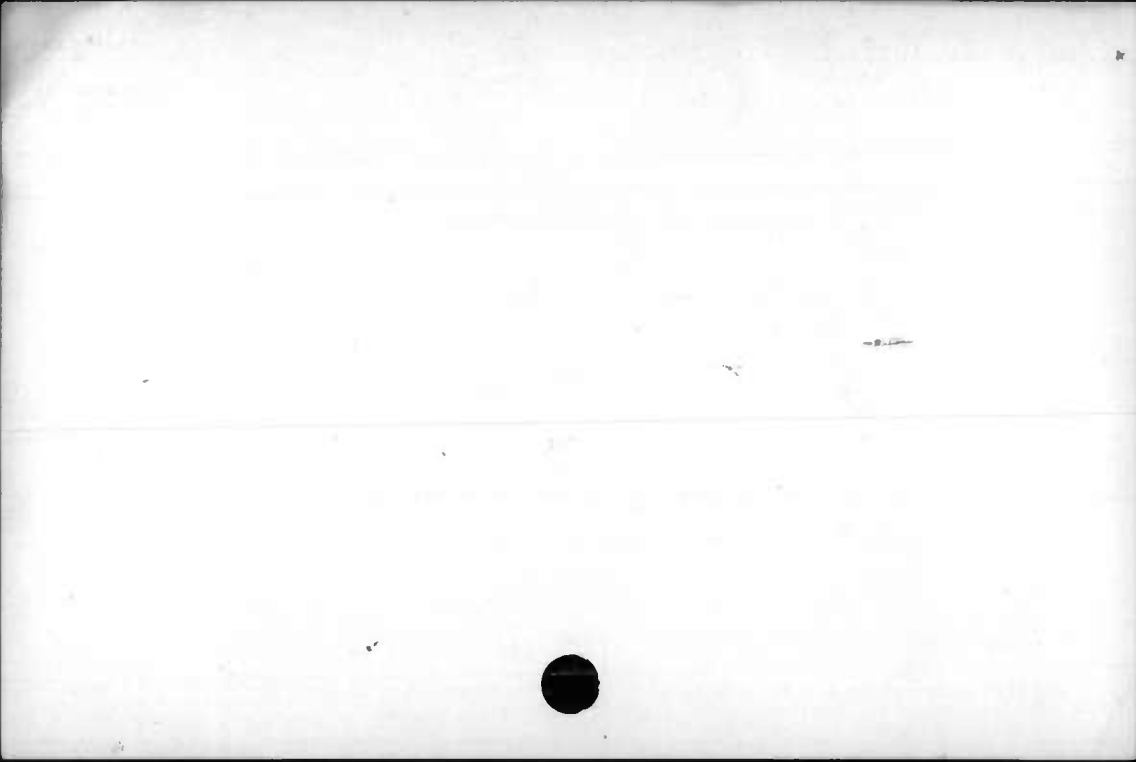
Died at <u>Middle River</u> ^{Town}		<u>Baer</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	Month	<u>July</u>	Day	<u>17</u>
Age	<u>—</u>	Years	<u>—</u>	Months	<u>7</u>
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>md</u>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>12 hrs</u>
Immediate	<u>—</u>		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>John W. Haines m d</u>	
Accident or Suicide?		Address	
<u>no</u>		<u>Middle River md</u>	



Name in Full		Certificate of Death			
Name Lorena Conrad Yingling		Town Reisterstown		County Baltimore	
Died at Reisterstown		MARYLAND			
Date of death 1908 July 16		Age 38		Months 9	
Sex Female		Color or Race white		Birth-place Pa.	
Occupation Book-keeper		Where Residing if not at place of death Pa.			
Married, Single or Widowed Single		Name of Wife or Husband Emma J. Yingling			
Father's Name Wm. D. Yingling		Father's Birthplace Md.			
Mother's Maiden Name Emma J. W. Silber		Mother's Birthplace Pa.			
Name of person giving information S. S. Yingling		How related to deceased Brother			
CAUSES OF DEATH					
Primary Typhoid fever		How long 23 days			
Immediate Intestinal hemorrhage		How long 20 hours			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician James Gore M.D.			
Address Reisterstown Md.		Address Reisterstown Md.			
Accident or Suicide? No					

8

!



Name
in
Full

Signora Marie Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Avalon</u> <small>Town</small>		<u>Bolton</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Month</small>	<u>July</u> <small>Day</small>	<u>17</u> <small>Years</small>	<u>12</u> <small>Months</small>	<u>12</u> <small>Days</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Avalon Ind</u>
Occupation	<u>None</u>		Where Residing if not at place of death <u>Resided at Avalon</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband _____			
Father's Name	<u>R Henry Young</u>			Father's Birthplace	<u>Virginia</u>
Mother's Maiden Name	<u>Margaret Anne Ray</u>			Mother's Birthplace	<u>Wayland</u>
Name of person giving information	<u>R Henry Young</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	<u>Shinia Bifida</u>	How long	<u>12 days</u>
Immediate	<u>Mineritis</u>	How long	<u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Arthur Williams</u>
		Address	<u>Elk Ridge Ind</u>
Accident or Suicide?	<u>No</u>		

Hilfinger
Cath. B. G. Sk.

Name in Full		Certificate of Death			
Unknown		Town West Baile		County Baile	
Died at		Date of death		Maryland	
Month 7		Day 3		About Years 25	
Sex Male		Color or Race White		Birthplace Unknown	
Occupation Unknown		Where Residing if not at place of death Unknown			
Married, Single or Widowed Unknown		Name of Wife or Husband Unknown			
Father's Name Unknown		Father's Birthplace Unknown			
Mother's Maiden Name Unknown		Mother's Birthplace Unknown			
Name of person giving information S. Joseph		How related to deceased None			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 5px; font-weight: bold; font-size: 1.2em;">166</div>					
Primary		How long			
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician or Coroner			
yes		Address			
Accident or Suicide?		Baile Co. Ind.			

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Nicholas Link

St Peter's Cemetery
